

FIG. 1

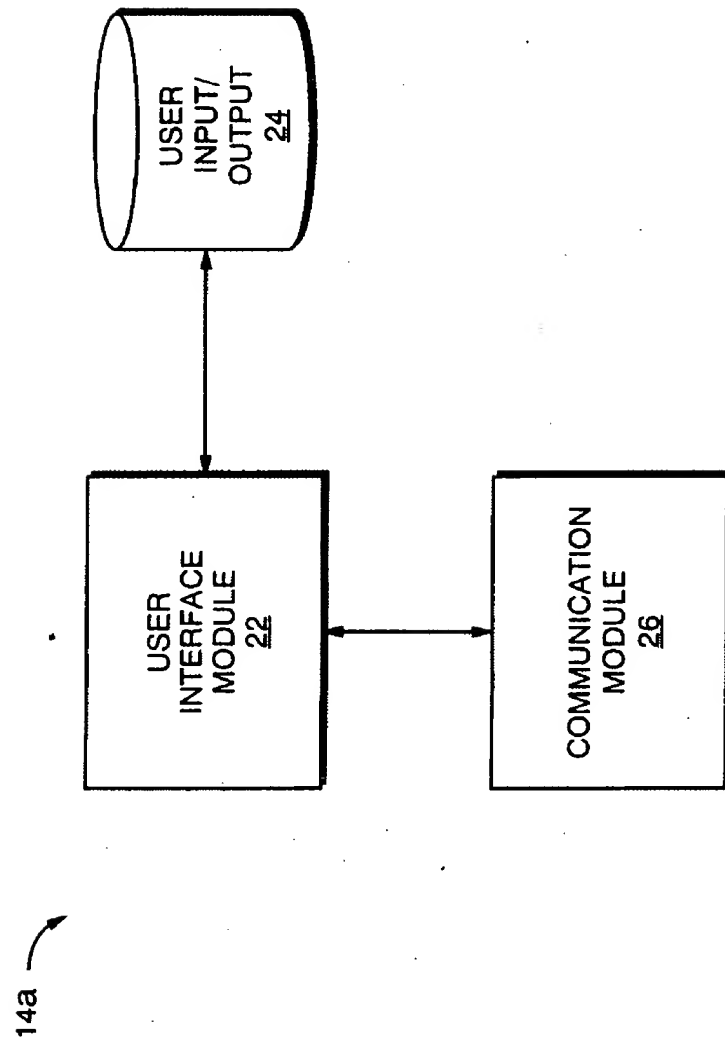


FIG. 2

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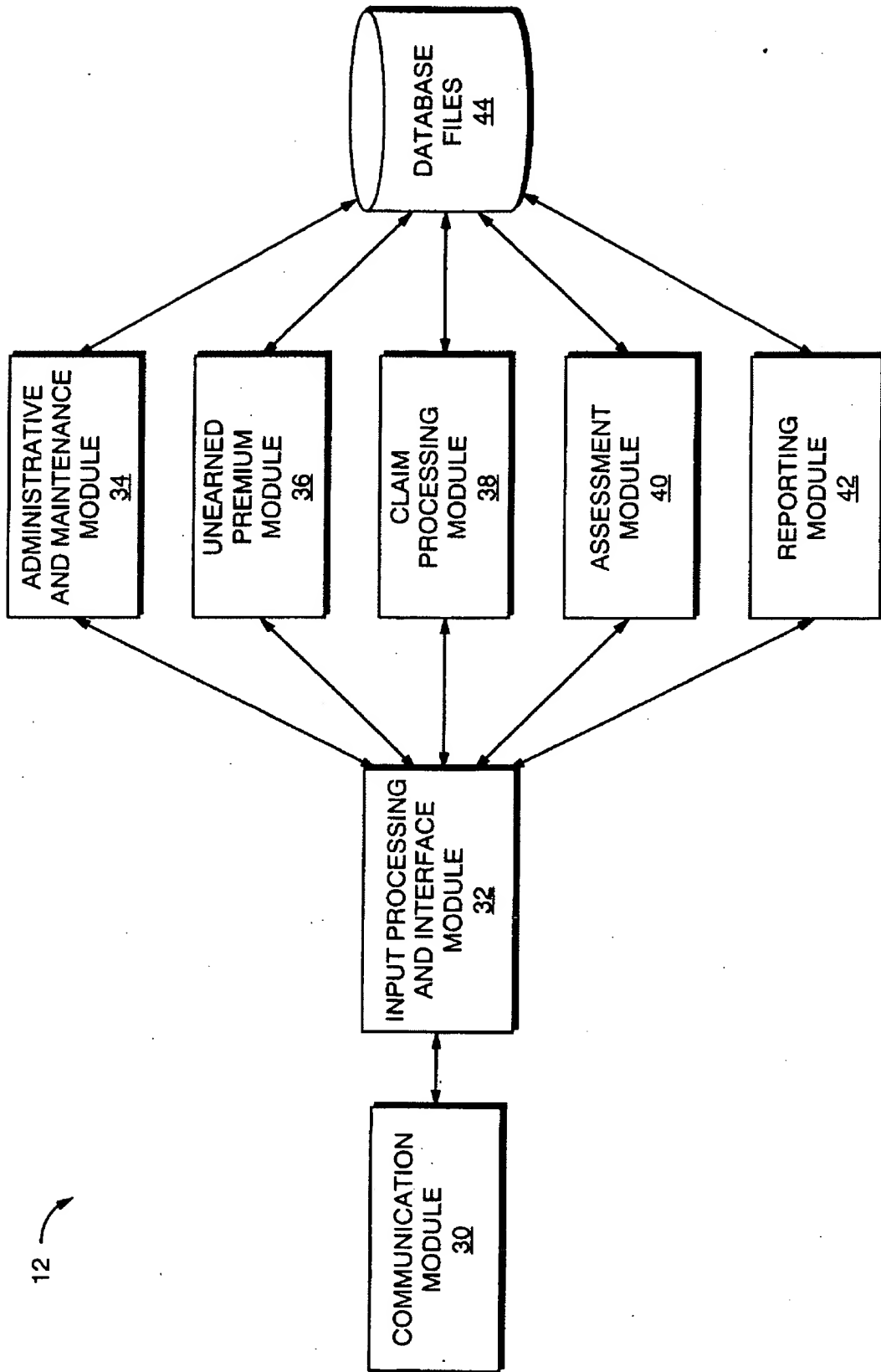


FIG. 3

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34



SECURITY
MODULE
34a

MEMBER AND STATE
MANAGEMENT
MODULE
34b

ACCOUNTING
SYSTEM INTERFACE
MODULE
34c

OTHER
MODULES
34d

FIG. 4

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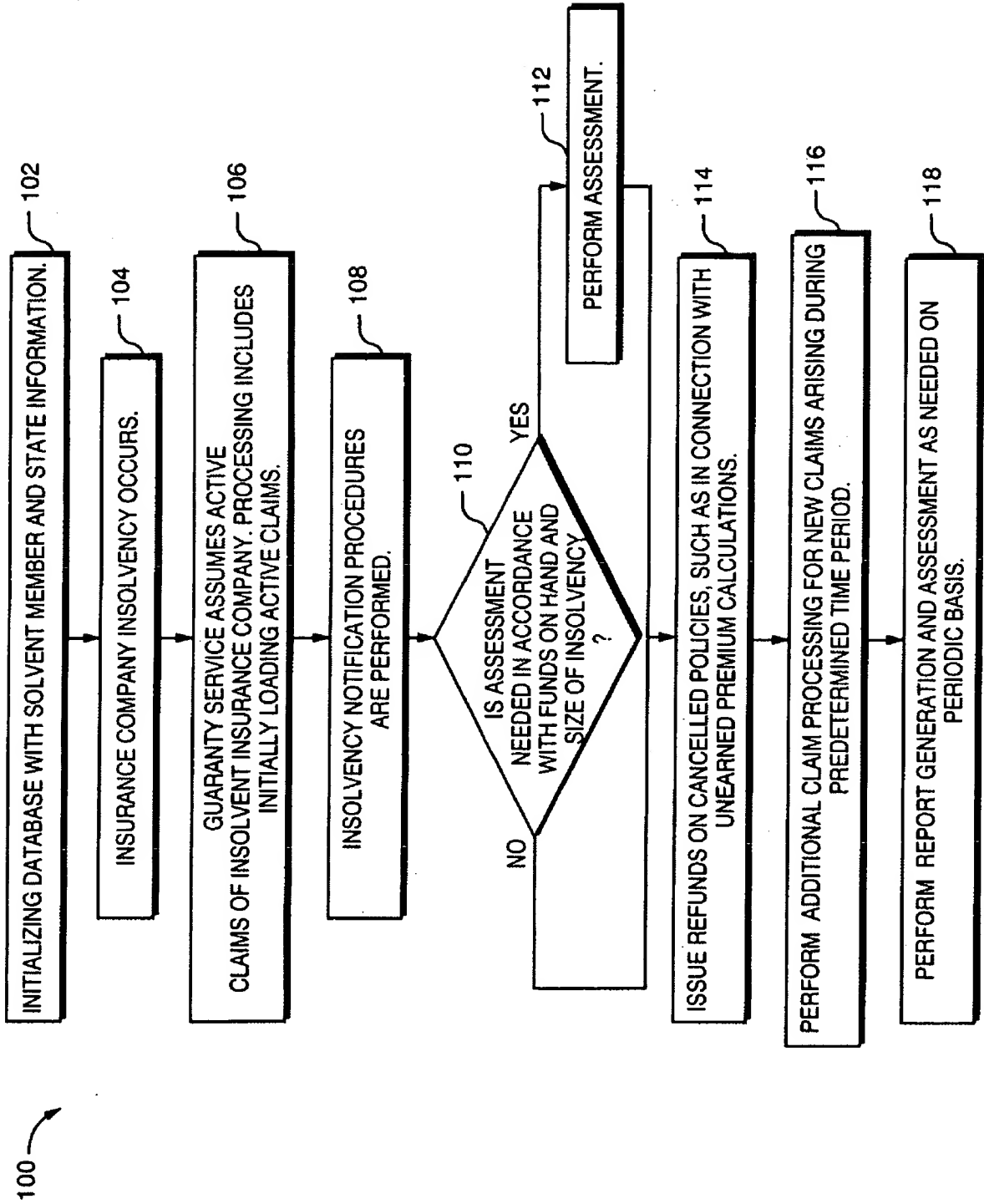


FIG. 5

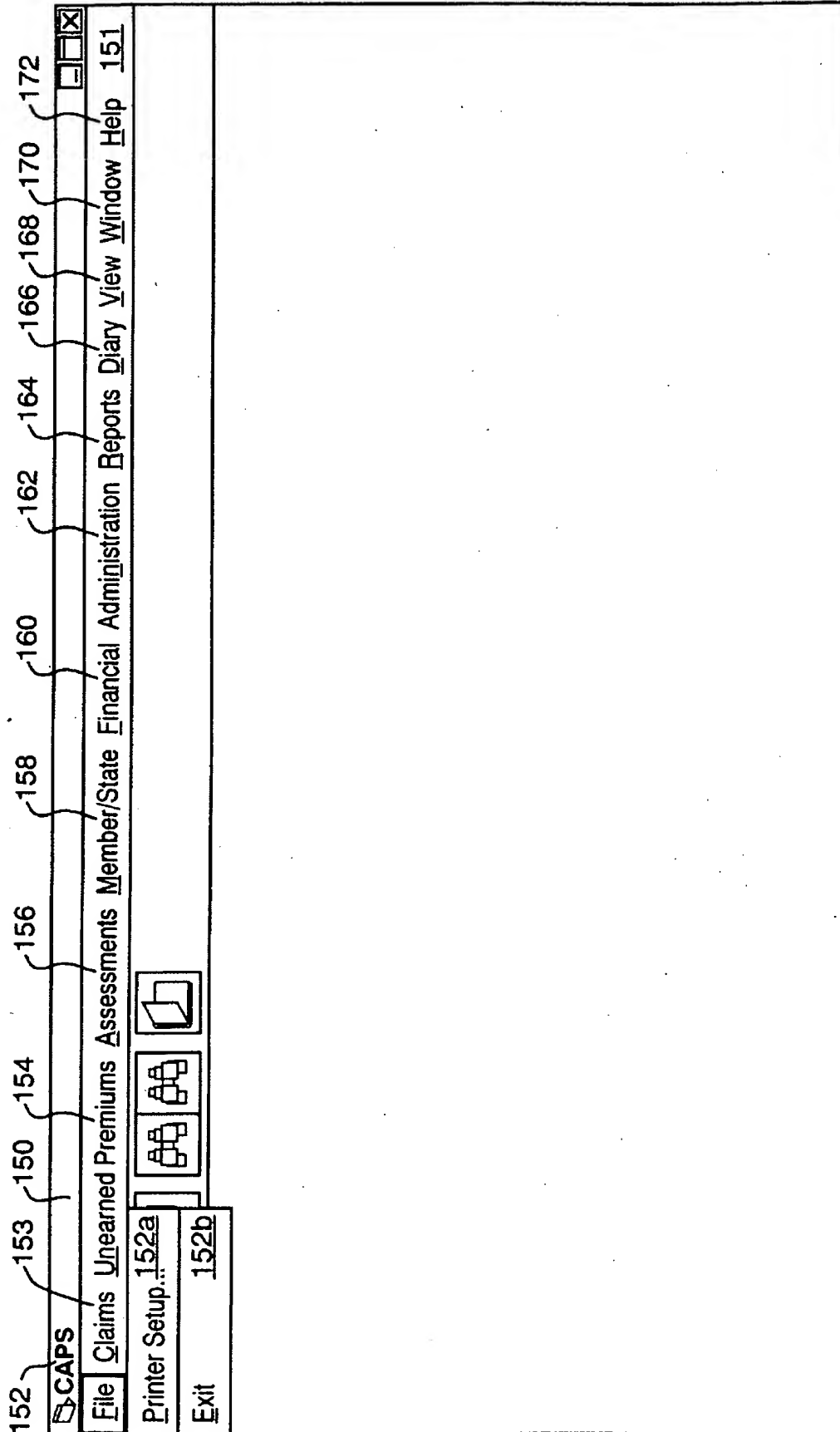


FIG. 6

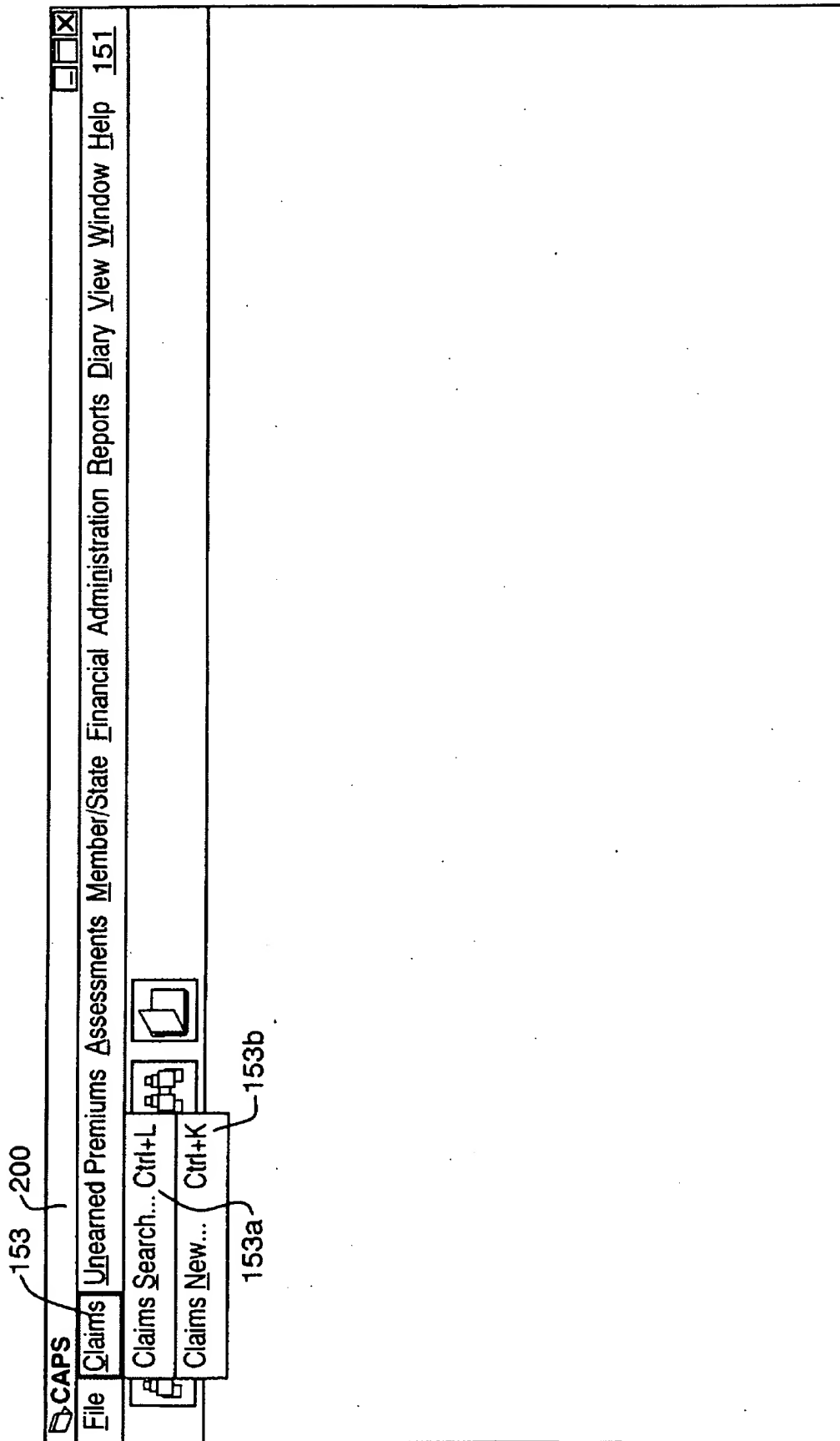


FIG. 7A

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CAPS		202	
File Claims Unearned Premiums Assessments Member/State Financial Administration Reports Diary View Window Help			
Claim Detail			
State Fund:	Claim Number:	Type:	Claim
Insolvency:	GFMS Number:	Status:	Open
Policy Number:	Date of Loss:	Status Reason:	
<input type="checkbox"/> Insured			
First Name:	MI:	Last Name:	Status Change Date: 12/08/2000
D/B/A or Company:			Closed Status
			Approved ID:
			<input type="checkbox"/> Blocked <input type="checkbox"/> Read Notes
Policy 204a			
Insured			
Street 1:			
Street 2:			
Street 3:			
City:			
Zip Code:			
Telephone:			
Fax:			
Email:			
Agent:			
Inception Level:			
Termination Date: / /			
Policy Level:			
Level:			
Excess of:			
Policy Limits			
<input checked="" type="radio"/> Single			
<input type="radio"/> Split			
per person			
per occurrence			
Claim 204b			
204c Claimant			
Agent:			
Inception Level:			
Termination Date: / /			
Policy Level:			
Level:			
Excess of:			
Policy Limits			
<input checked="" type="radio"/> Single			
<input type="radio"/> Split			
per person			
per occurrence			
208			
New	Search...	Totals...	Diary...
Notes...	Payment...	Delete	Print
Save	Close		

FIG. 7B

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CAPS 210									
File Claims Unearned Premiums Assessments Member/State Financial Administration Reports Diary View Window Help									
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> State Fund: Claim Number: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Insolvency: GFMS Number: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Policy Number: Date of Loss: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Insured Last Name: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> First Name: MI: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> D/B/A or Company: </div> </div> <div style="width: 30%;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Type: 206 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Status: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Status Reason: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Status Change Date: 12/08/2000 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Closed Status </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Approved ID: </div> </div> <div style="width: 30%;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Claim </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Open </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Status Reason: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Status Change Date: 12/08/2000 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Closed Status </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Approved ID: </div> </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Related Claim Number: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Liquidator's Claim Number: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Defense Attorney 1: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Defense Attorney 2: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Toxic Site: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Insurance Account: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Line of Insurance: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Claim Box Number: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> File Location: 00 - ONE BOWDOIN SQUARE </div> </div> <div style="width: 30%;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> File Location </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Date: 12/08/2000 </div> </div> <div style="width: 30%;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Claimant </div> </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Date Reported: 11 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Date Received: 11 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Date Entered: 12/08/2000 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Entered By: JS2 - Stadlander, Jason </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Claim Handler: </div> </div> <div style="width: 30%;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Lookup Code(s) </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> 1. </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> 2. </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> 3. </div> </div> <div style="width: 30%;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Policy 204b </div> </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> State Fund: Claim Number: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Insolvency: GFMS Number: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Policy Number: Date of Loss: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Insured Last Name: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> First Name: MI: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> D/B/A or Company: </div> </div> <div style="width: 30%;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Type: 206 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Status: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Status Reason: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Status Change Date: 12/08/2000 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Closed Status </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Approved ID: </div> </div> <div style="width: 30%;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Claim </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Open </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Status Reason: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Status Change Date: 12/08/2000 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Closed Status </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Approved ID: </div> </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Related Claim Number: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Liquidator's Claim Number: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Defense Attorney 1: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Defense Attorney 2: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Toxic Site: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Insurance Account: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Line of Insurance: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Claim Box Number: </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> File Location: 00 - ONE BOWDOIN SQUARE </div> </div> <div style="width: 30%;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> File Location </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Date: 12/08/2000 </div> </div> <div style="width: 30%;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Claimant </div> </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Date Reported: 11 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> </div></div></div>									

FIG. 7C

FIG. 7D

FIG. 7E

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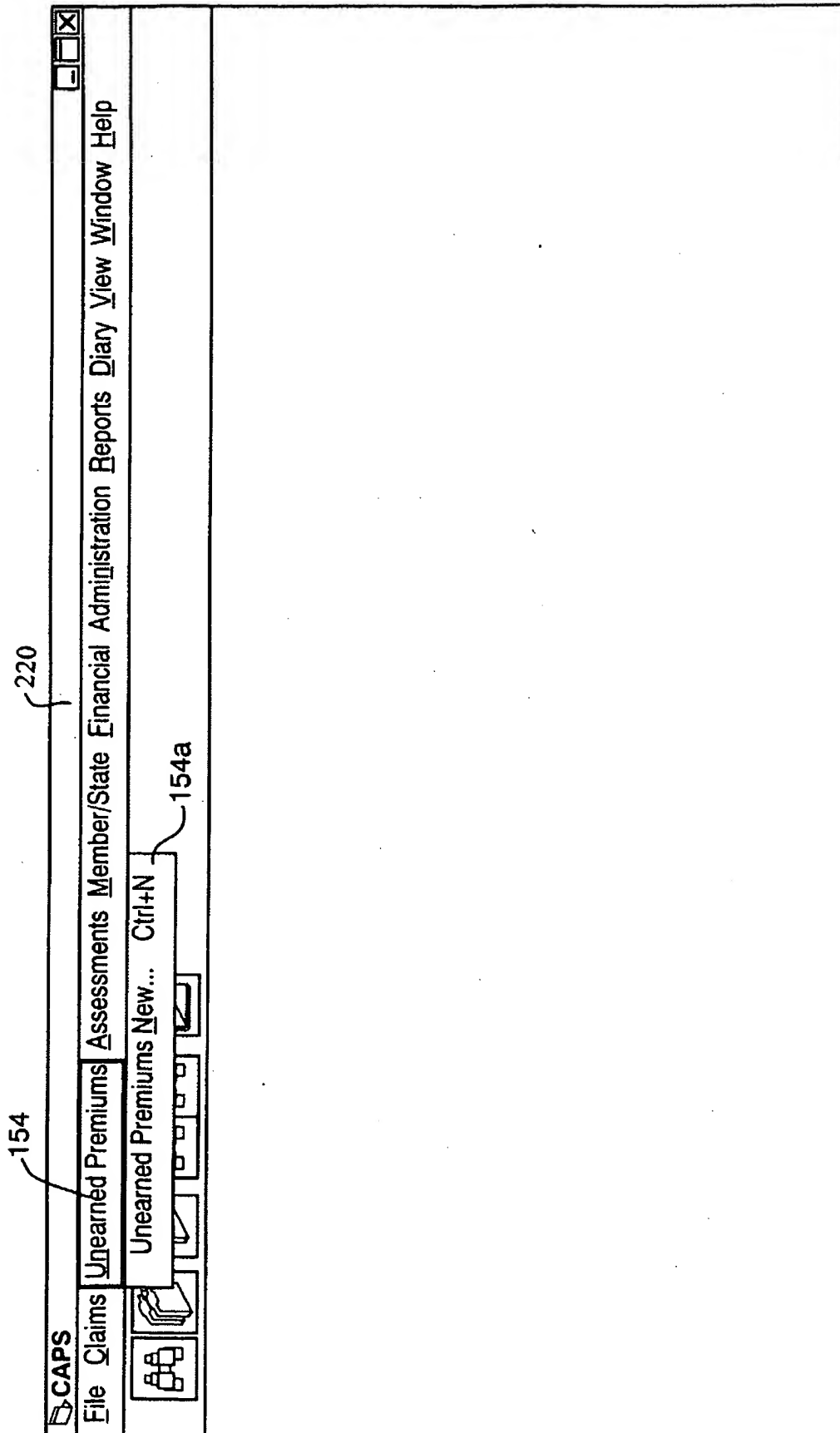


FIG. 8A

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CAPS		222	
File Claims Unearned Premiums Assessments Member/State Financial Administration Reports Diary View Window Help			
Unearned Premium Policy Detail			
State Fund:		224	
Insolvency:			
UP Policy Number:		230	
Insured			
Insured #1 - First Name:		MI: Last Name:	
Insured #2 - First Name:		MI: Last Name:	
D/B/A or Company:			
Policy 226a		Insured 226b	
Premium Calculation 226c		Payment History 226d	
Policy Information			
Inception Date: //		Termination Date: //	
Inception Date:		Auditable: No	
Agent:		Entered By: JS2 - Stadlander, Jason	
File Location: 00- ONE BOWDOIN SQUARE, BOSTON MA		File Location Date: 12/08/2000	
Status: Open		Status Change Date: 12/08/2000	
Reason: 230a			
New		Search...	
Notes...		Diary...	
Delete		Print	
Save		Close	

FIG. 8B

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CAPS 242																						
File Claims Unearned Premiums Assessments Member/State Financial Administration Reports Diary View Window Help																						
Unearned Premium Policy Detail																						
<p>State Fund: <input type="text"/></p> <p>Insolvency: <input type="text"/></p> <p>UP Policy Number: <input type="text"/></p> <p>Insured</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Insured #1 - First Name: <input type="text"/></td> <td>MI: <input type="text"/></td> <td>Last Name: <input type="text"/></td> </tr> <tr> <td>Insured #2 - First Name: <input type="text"/></td> <td>MI: <input type="text"/></td> <td>Last Name: <input type="text"/></td> </tr> <tr> <td colspan="3">D/B/A or Company: <input type="text"/></td> </tr> </table>	Insured #1 - First Name: <input type="text"/>	MI: <input type="text"/>	Last Name: <input type="text"/>	Insured #2 - First Name: <input type="text"/>	MI: <input type="text"/>	Last Name: <input type="text"/>	D/B/A or Company: <input type="text"/>			<p style="text-align: center;">224</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Policy 226a</td> <td style="text-align: center;">[Insured] 226b</td> <td style="text-align: center;">Premium Calculation 226c</td> <td style="text-align: center;">Payment History 226d</td> </tr> <tr> <td colspan="4"> <p>Insured</p> <p>Street 1: <input type="text"/></p> <p>Street 2: <input type="text"/></p> <p>Street 3: <input type="text"/></p> <p>City: <input type="text"/></p> <p>Zip Code: <input type="text"/></p> <p>State: <input type="text"/></p> <p>Proof of Claim: <input type="text"/> Waived <input type="text"/></p> <p>Proof of Claim #: <input type="text"/></p> </td> </tr> <tr> <td colspan="4"> <p>Optional or Additional Payee</p> <p>Type: <input type="text"/></p> <p>Name: <input type="text"/></p> <p>Street 1: <input type="text"/></p> <p>Street 2: <input type="text"/></p> <p>Street 3: <input type="text"/></p> <p>City: <input type="text"/></p> <p>Zip Code: <input type="text"/></p> <p>State: <input type="text"/></p> </td> </tr> </table>	Policy 226a	[Insured] 226b	Premium Calculation 226c	Payment History 226d	<p>Insured</p> <p>Street 1: <input type="text"/></p> <p>Street 2: <input type="text"/></p> <p>Street 3: <input type="text"/></p> <p>City: <input type="text"/></p> <p>Zip Code: <input type="text"/></p> <p>State: <input type="text"/></p> <p>Proof of Claim: <input type="text"/> Waived <input type="text"/></p> <p>Proof of Claim #: <input type="text"/></p>				<p>Optional or Additional Payee</p> <p>Type: <input type="text"/></p> <p>Name: <input type="text"/></p> <p>Street 1: <input type="text"/></p> <p>Street 2: <input type="text"/></p> <p>Street 3: <input type="text"/></p> <p>City: <input type="text"/></p> <p>Zip Code: <input type="text"/></p> <p>State: <input type="text"/></p>			
Insured #1 - First Name: <input type="text"/>	MI: <input type="text"/>	Last Name: <input type="text"/>																				
Insured #2 - First Name: <input type="text"/>	MI: <input type="text"/>	Last Name: <input type="text"/>																				
D/B/A or Company: <input type="text"/>																						
Policy 226a	[Insured] 226b	Premium Calculation 226c	Payment History 226d																			
<p>Insured</p> <p>Street 1: <input type="text"/></p> <p>Street 2: <input type="text"/></p> <p>Street 3: <input type="text"/></p> <p>City: <input type="text"/></p> <p>Zip Code: <input type="text"/></p> <p>State: <input type="text"/></p> <p>Proof of Claim: <input type="text"/> Waived <input type="text"/></p> <p>Proof of Claim #: <input type="text"/></p>																						
<p>Optional or Additional Payee</p> <p>Type: <input type="text"/></p> <p>Name: <input type="text"/></p> <p>Street 1: <input type="text"/></p> <p>Street 2: <input type="text"/></p> <p>Street 3: <input type="text"/></p> <p>City: <input type="text"/></p> <p>Zip Code: <input type="text"/></p> <p>State: <input type="text"/></p>																						
<input type="button" value="New"/> <input type="button" value="Search..."/> <input type="button" value="Notes..."/> <input type="button" value="Diary..."/> <input type="button" value="Delete"/> <input type="button" value="Print"/> <input type="button" value="Save"/> <input type="button" value="Close"/> 230																						

FIG. 8C

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CAPS		244	
File Claims Unearned Premiums Assessments Member/State Financial Administration Reports Diary View Window Help			
Unearned Premium Policy Detail			
State Fund:		224	
Insolvency:			
UP Policy Number:			
[Insured]			
Insured #1 - First Name:		MI:	Last Name:
Insured #2 - First Name:		MI:	Last Name:
D/B/A or Company:			
Policy	226a	Insured	226b
Line of Insurance:		250a	
Total Premium:		250b	
Premium Paid:		250c	
Gross Unearned Premium:		250d	
Remaining Deductible:			
Payments Issued:			
Override Amount:		250e	
Unearned Premium to be Paid:			
Reserve:			
State Deductible:			
State Cap:			
Deductible Applied:			
Pending Amount:			
Pay...			
Non - Payment Letter			
Payments Issued Letter			
Payment History		226d	
New	Search...	Notes...	Diary...
Delete	Print	Save	Close

FIG. 8D

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CAPS 258

File Claims Unearned Premiums Assessments Member/State Financial Administration Reports Diary View Window Help

Unearned Premium Policy Detail

State Fund: MA - Massachusetts Insurers Insolvency Fund 224a

Insolvency: 143 - AMERICAN MUTUAL INSURANCE OF BOSTON 224b

UP Policy Number: C240362018 224c

Insured

Insured #1 - First Name: MI: Last Name: SMITKUMAR B KADAKIA 224d

Insured #2 - First Name: MI: Last Name:

D/B/A or Company: SMITKUMAR B KADAKIA

Policy Insured Premium Calculation 226d [Payment History]

260a

Date	Amount	Payee/Description	Check #	Status	Reason	UP Handler	Entered By
06/14/1989	\$283.00	PAYMENT REVERSED ON 11/2	34146	REVERSED		DA1	DA1
01/24/1991	\$0.00	SMITKUMAR B KADAKIA, - SMI		RECOVERY	OTHREC		

260b

262a 262b 262c

Reverse... Recovery... Delete

268a

Diary... Delete Print Save Close 208

New Search... Notes... Diary... Delete Print Save Close 208

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CAPS		270	
File Claims Unearned Premiums Assessments Member/State Financial Administration Reports Diary View Window Help			
<div>Unearned Premium Policy Detail</div>			
Diary Detail 272			
State Fund:		Massachusetts Insurers Insolvency Fund	
Insolvency:		AMERICAN MUTUAL INSURANCE OF BOSTON	
UP Policy Number:		C240362018	
Insured:		SMITKUMAR B KADAKIA, SMITKUMAR B KADAKIA	
Claimant:			
Claim Number:			
Date of Loss:			
User ID:		JS2 272a	
Diary Date:		12/08/2000	
Review Date:		01/22/2001	
OR		Number of Days:	
Comments:		New Unearned Premium	
Diary History List:		272b	
Diary Date		Review Date	
Comments			
4			
Line of Insurance:		Policy	
Total Premium:		Policy	
Premium Paid:		Policy	
Gross Unearned Premium:		Policy	
Remaining Deductible:		Policy	
Payments Issued:		Policy	
Override Amount:		Policy	
Unearned Premium Reserve:		Policy	
New		Save Cancel	
Payment Letter		Close	
Its Issued Letter			

FIG. 8G

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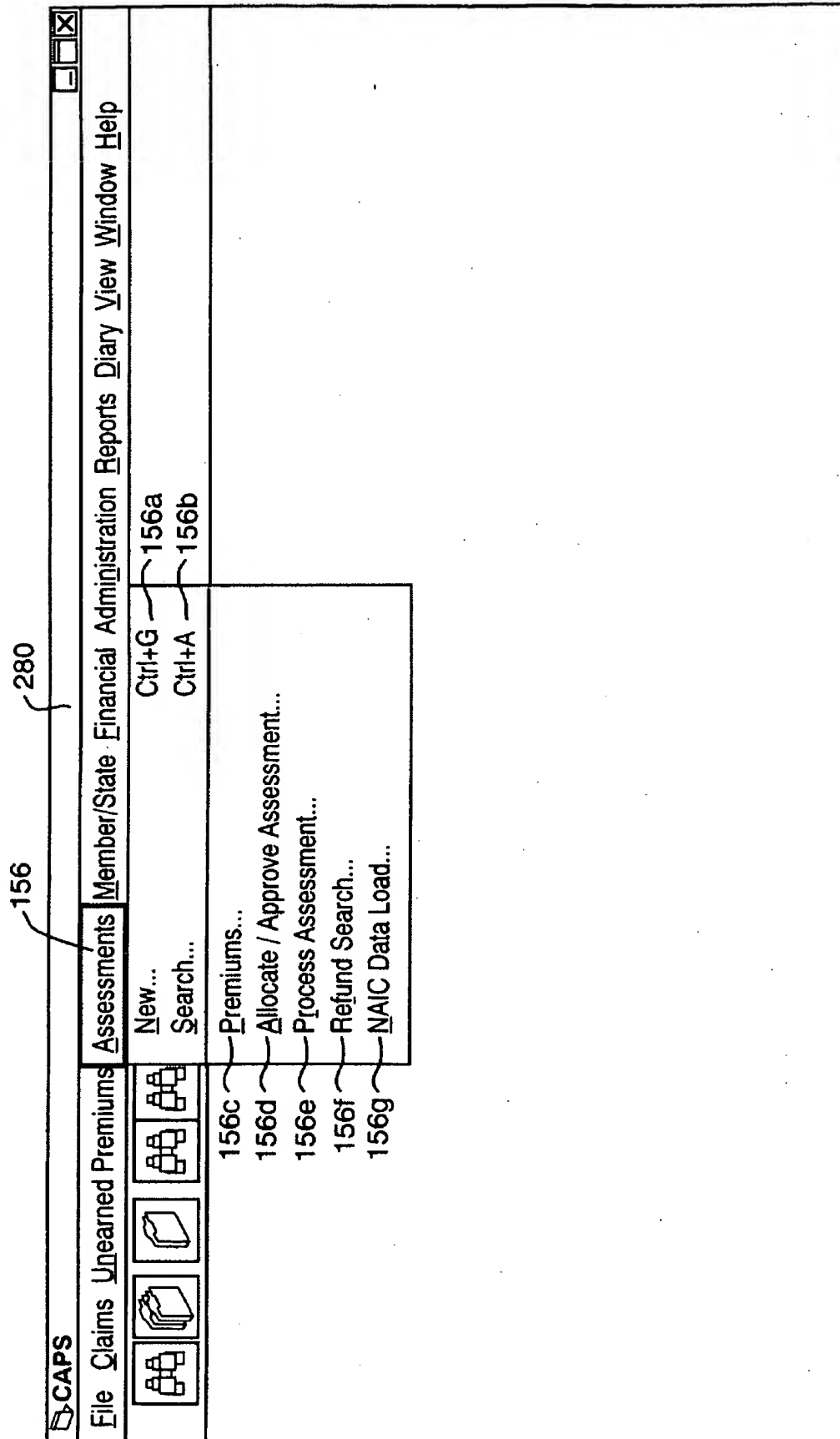


FIG. 9A

FIG. 9B

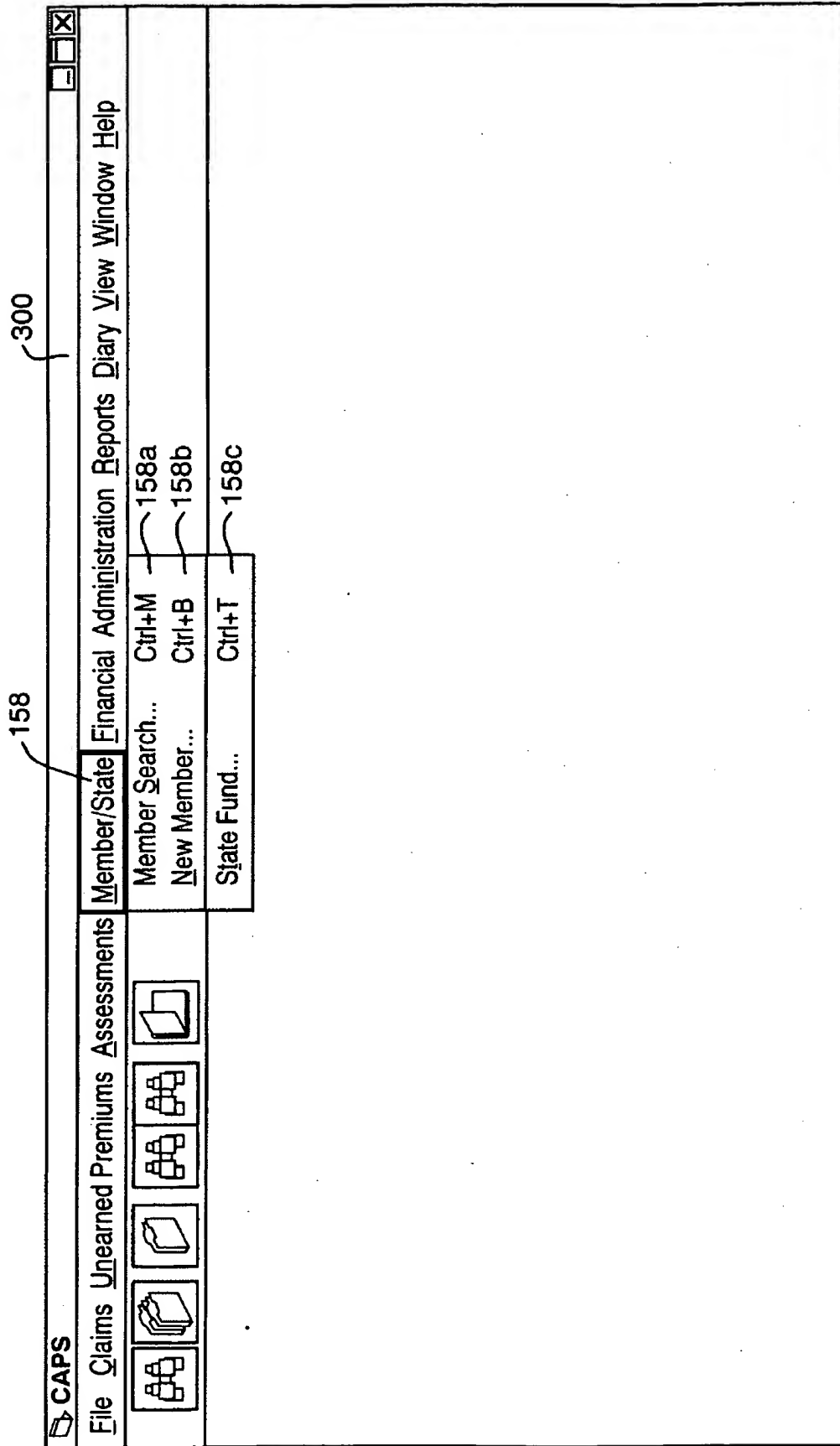


FIG. 10A

CAPS

File Claims Unearned Premiums Assessments Member/State Financial Administration Reports Diary View Window Help

302

Member Detail

304

NAIC Number: 304a

Member Name: 304b

Assign to Group

Group Code: Group Name: 304c

304f

Insolvency

Member

Statutory Liquidator

Administrative

Operational Liquidator

State Funds

Comments

Street 1:

Street 2:

Street 3:

City:

Zip Code:

Contact:

Telephone: () Ext:

Fax: ()

E-Mail:

State of Domicile: v

☐ Servicing Carrier

Split Member

☐ Split

Year:

Address...

Combine Member

☐ Combine

Member(s)...

304d

304e

Search

Insolvency

New

Save

Close

FIG. 10B

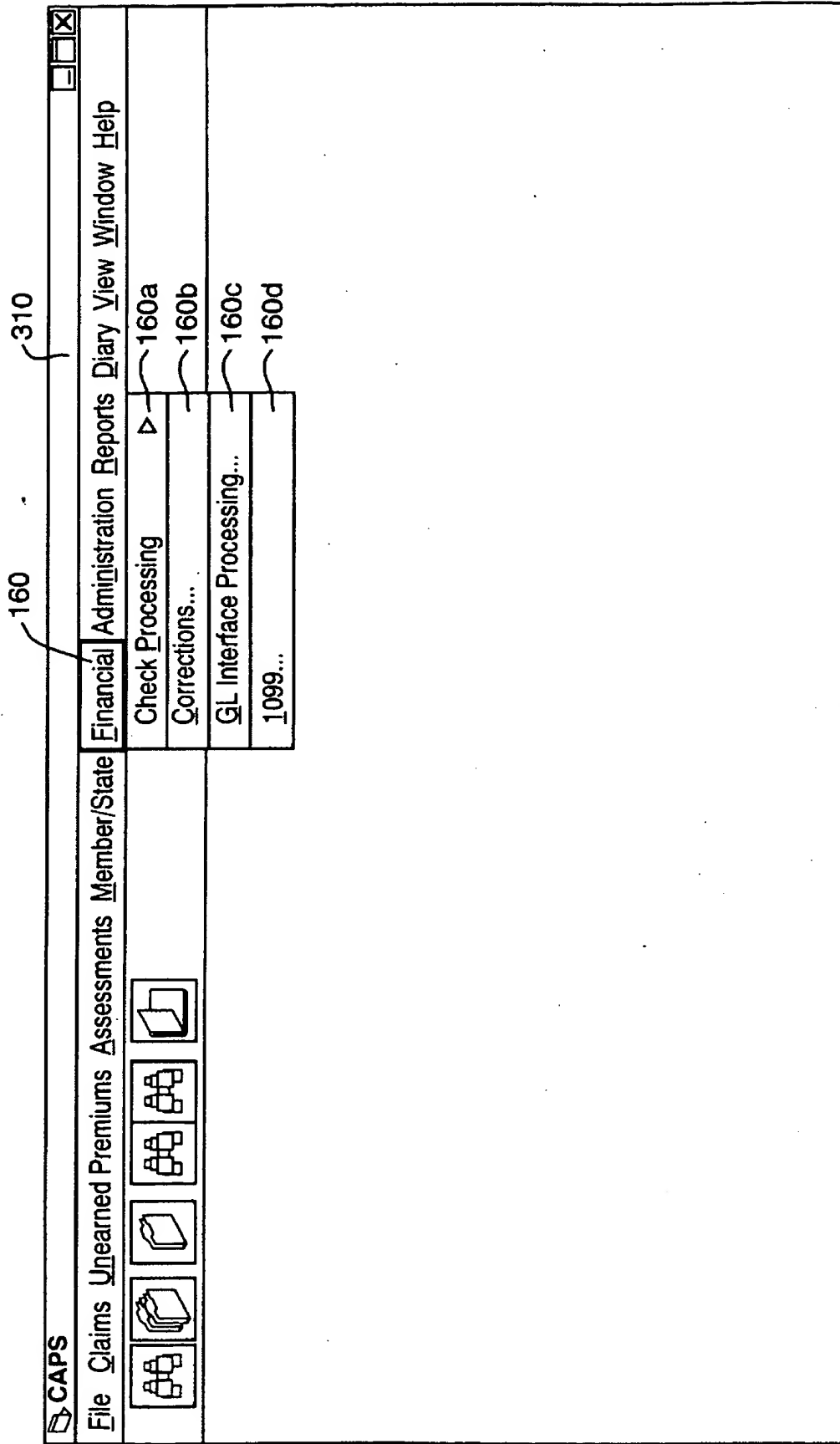


FIG. 11

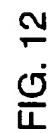


FIG. 12

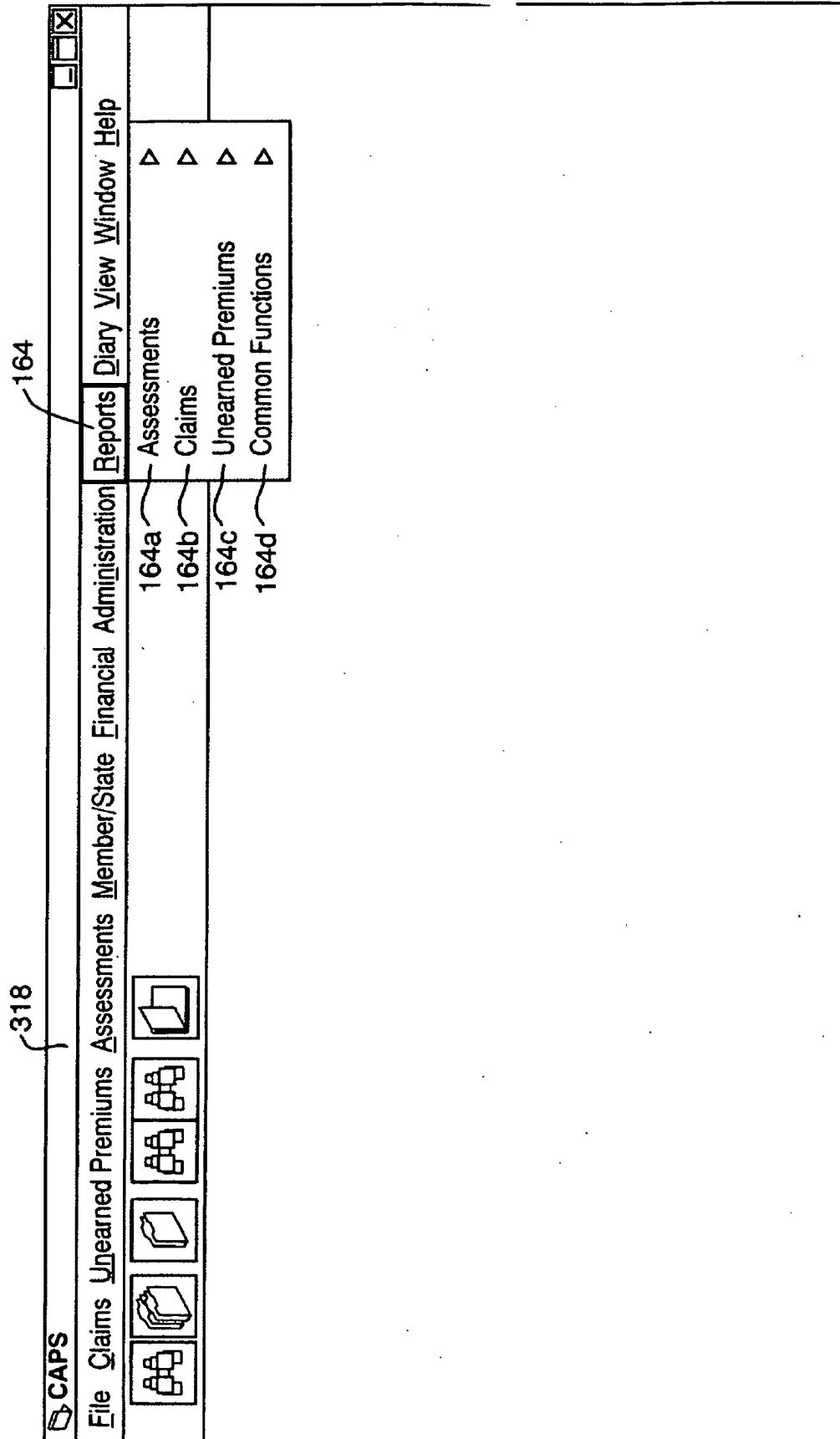


FIG. 13

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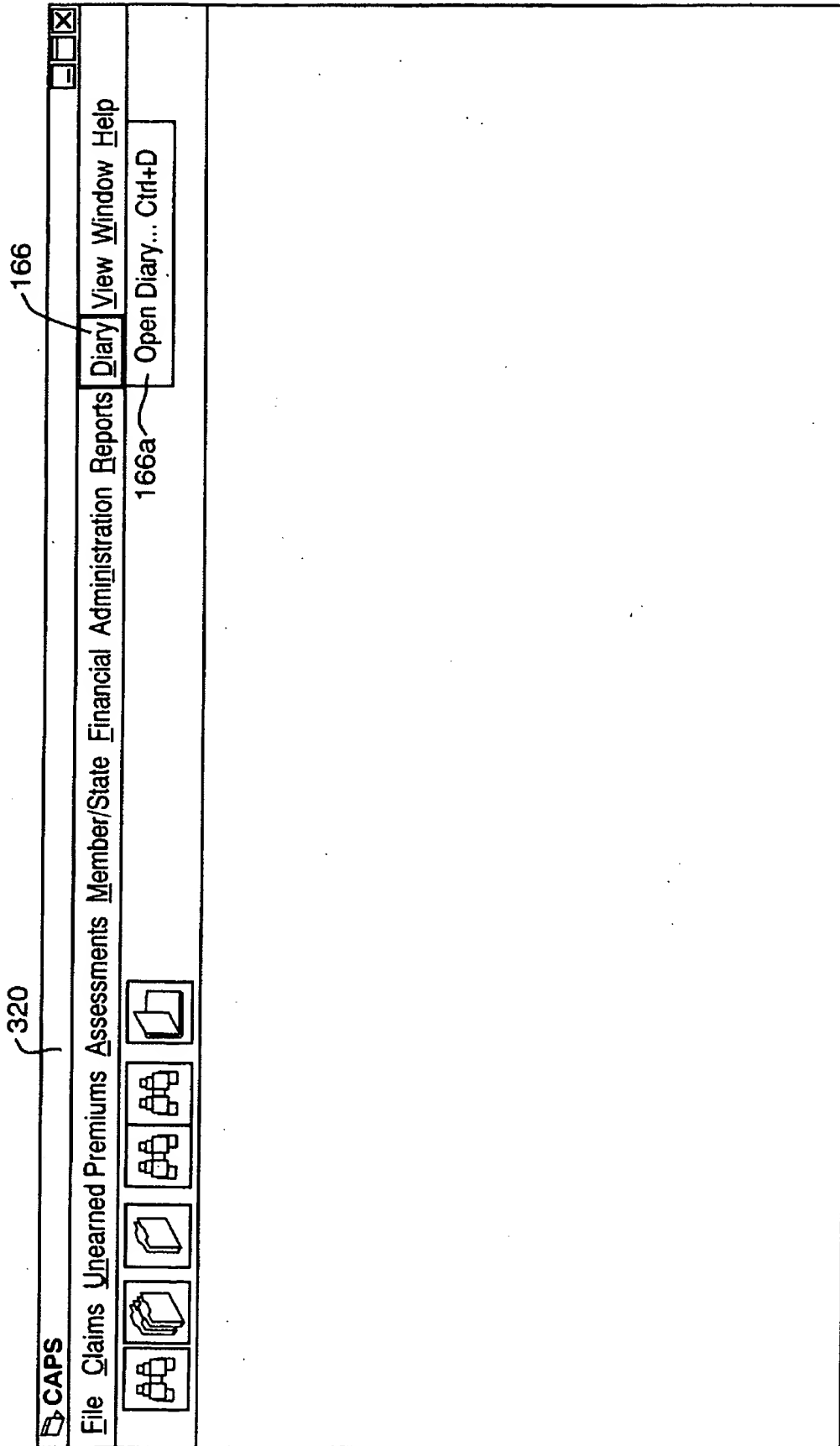


FIG. 14

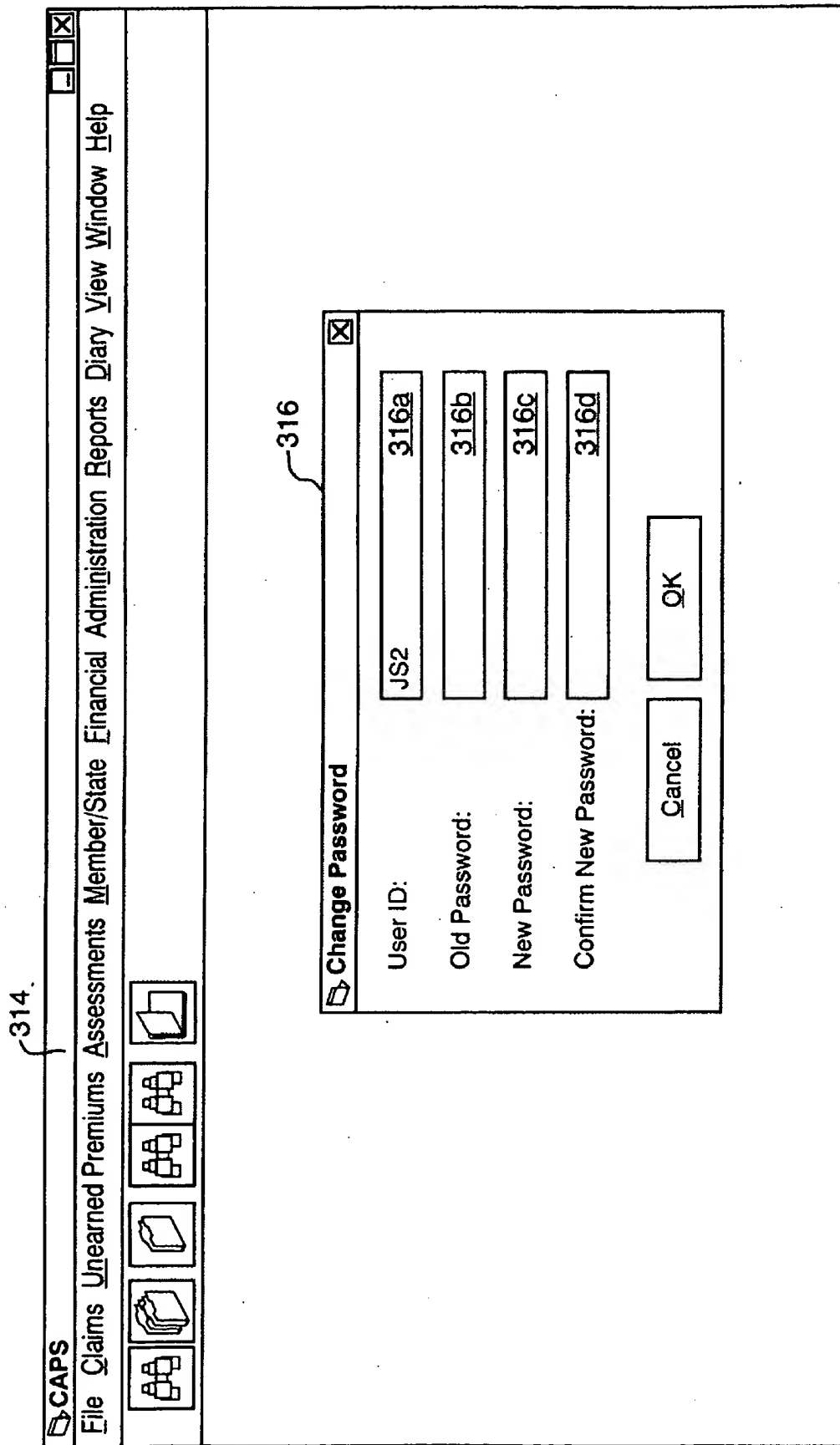


FIG. 15

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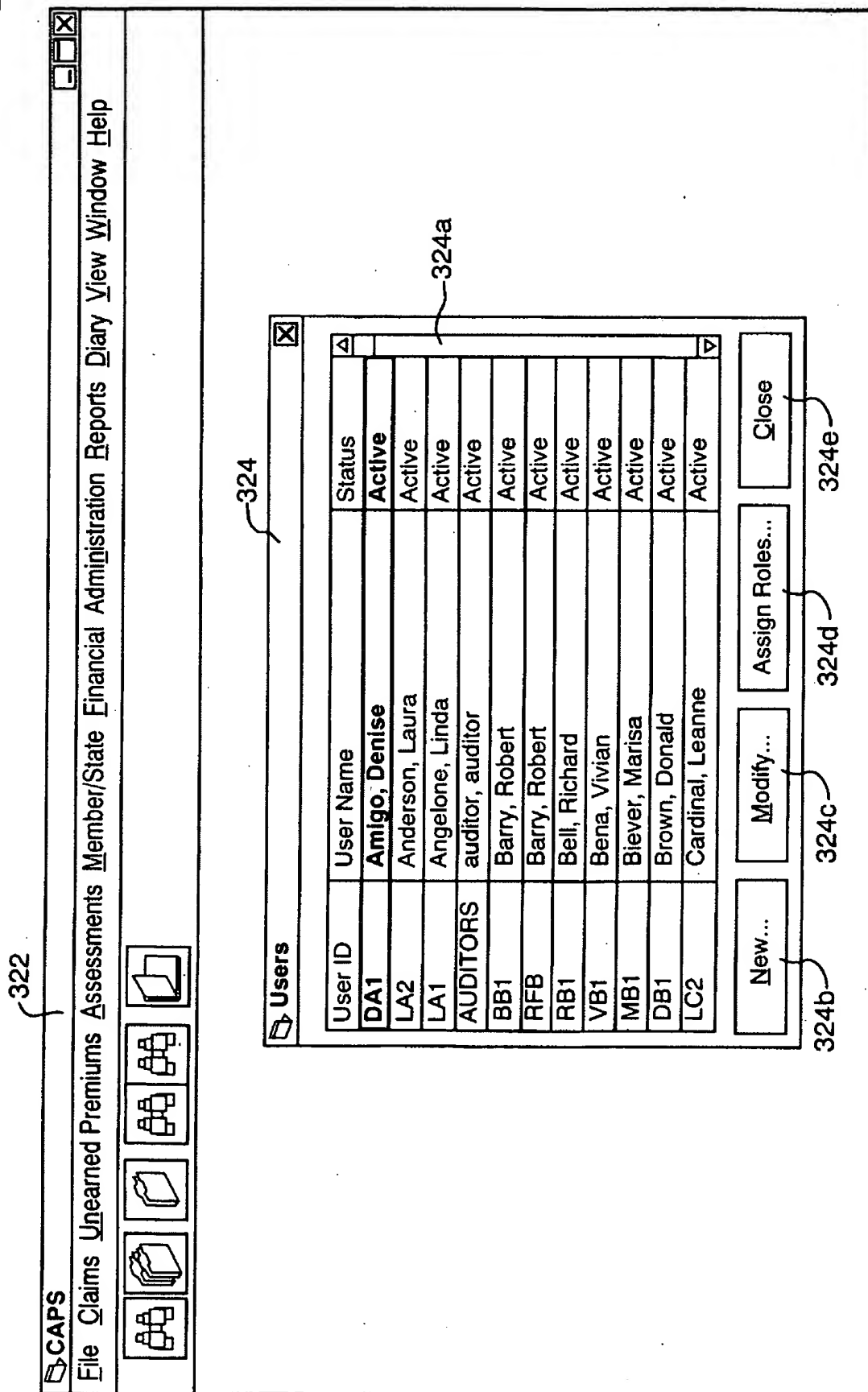


FIG. 16

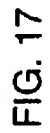


FIG. 17

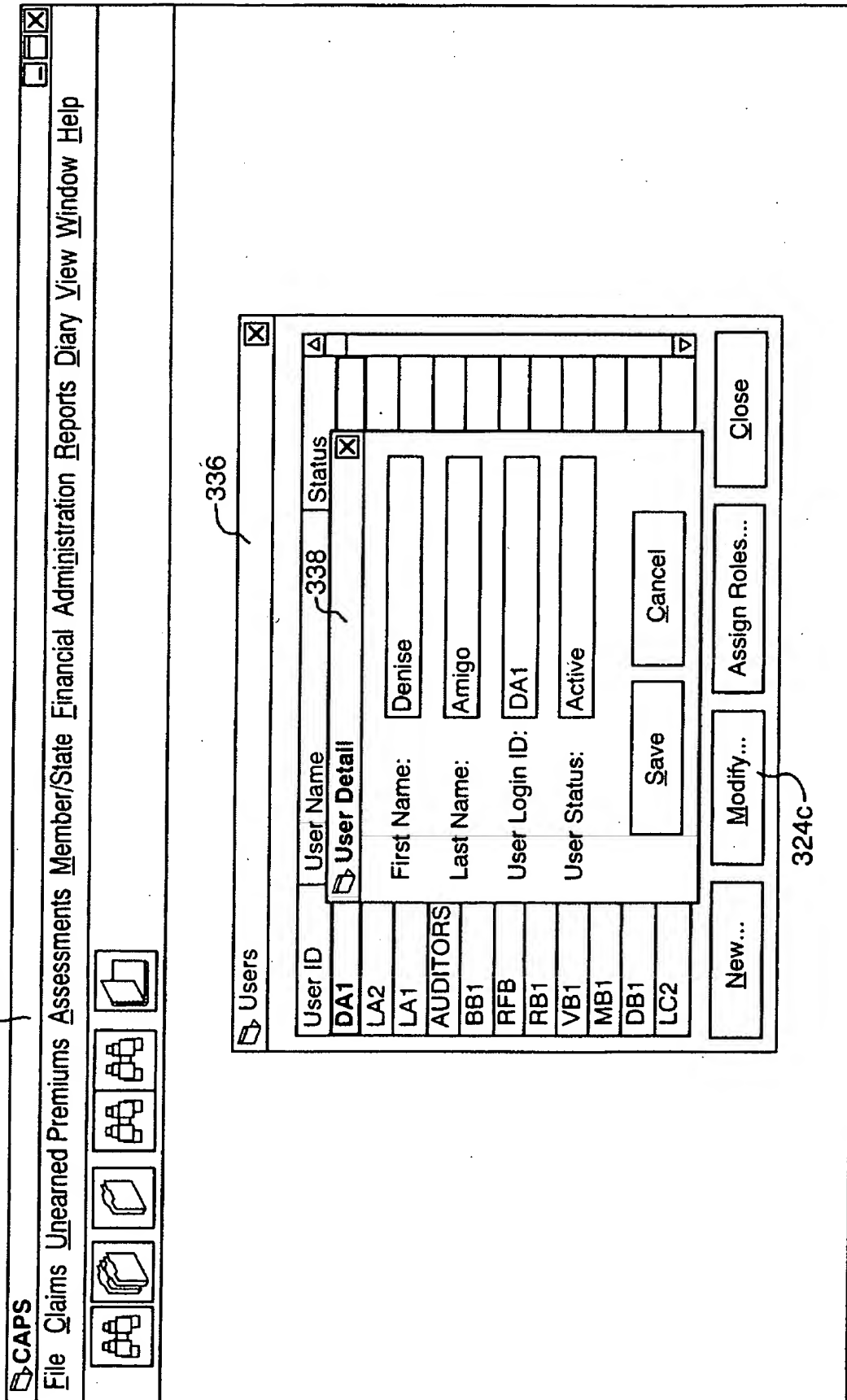


FIG. 18

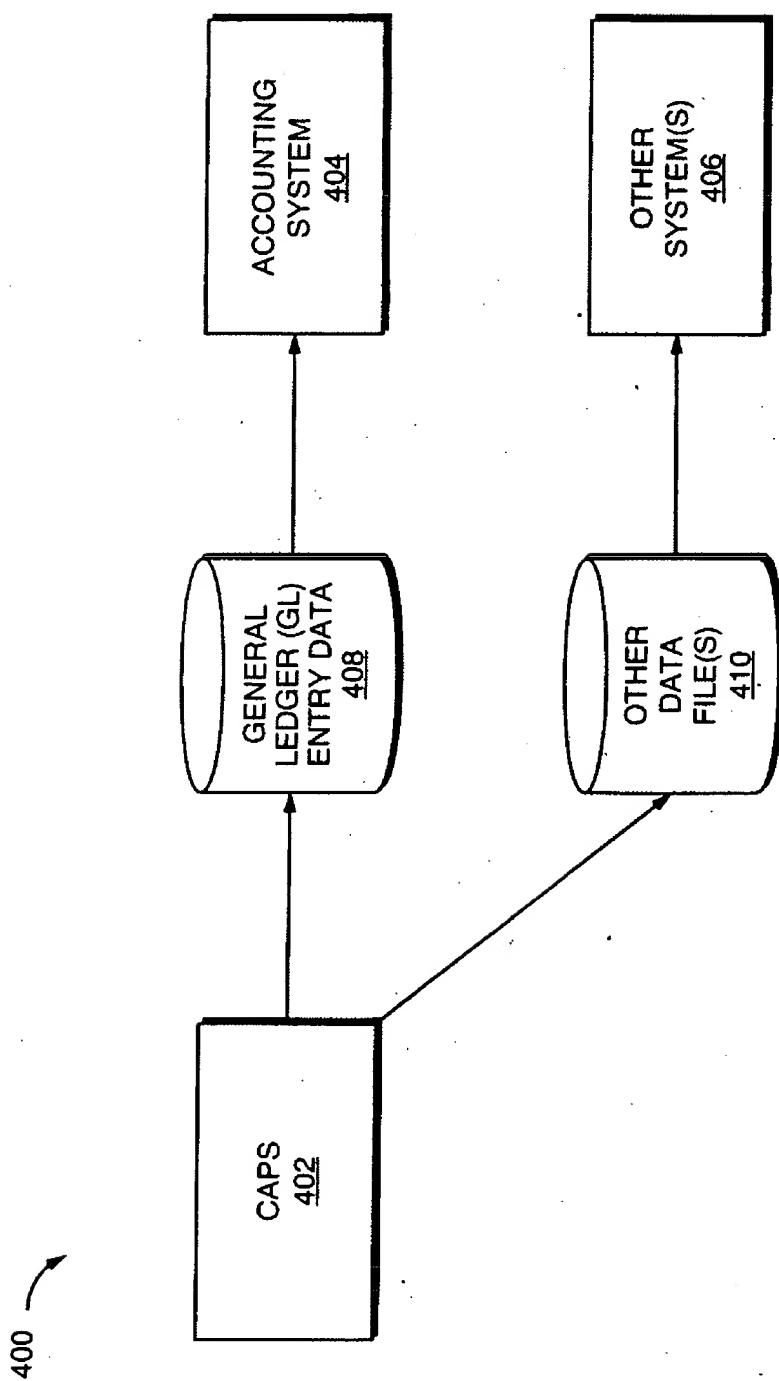


FIG. 19

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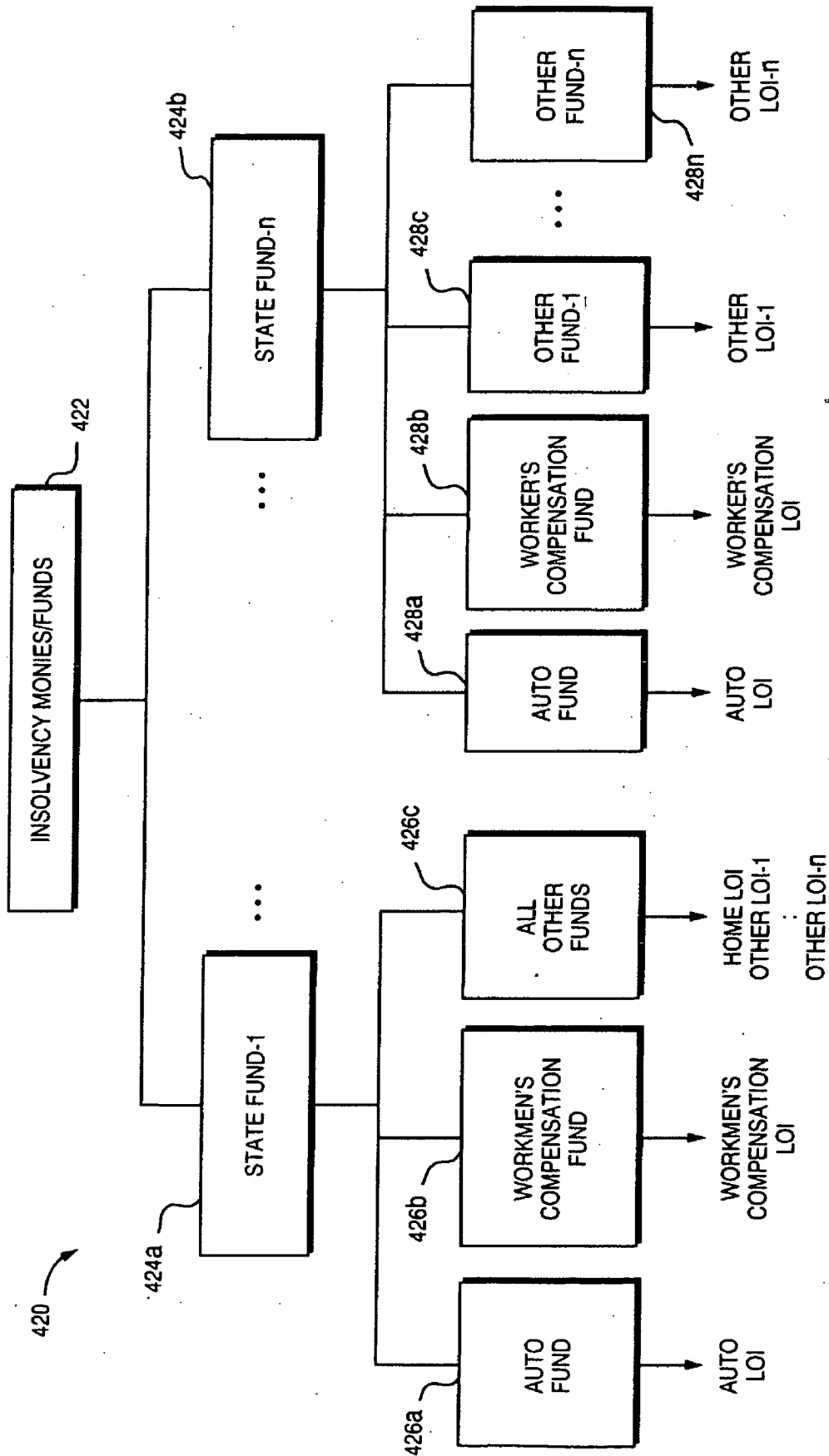


FIG. 20

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500

Insolvency Mapping

Insolvency: Johnson Mutual Insurance Company

State Fund: NH

Insurance Account: Auto

504

Coverage List:

Yes/No	Coverage Code	Coverage Description
N	305003	Commercial Auto-Liability-Bodily Injury-Combined Single or Split Limit
N	305006	Commercial Auto-Liability-Bodily Injury-Combined Single or Split Limit-Aggregate
N	305009	Commercial Auto-Liability-Bodily Injury-Underinsured Motorist
N	305012	Commercial Auto-Liability-Bodily Injury-Underinsured Motorist
N	305015	Commercial Auto-Liability-Property Damage-Combined Single or Split Limit
N	305018	Commercial Auto-Liability-Property Damage-Combined Single or Split Limit-Aggregate
N	305021	Commercial Auto-Liability-Property Damage-Underinsured Motorist
N	305024	Commercial Auto-Liability-Property Damage-Underinsured Motorist
N	305027	Personal Injury Protection (PIP)-No Fault
N	305030	Medical Payments
N	305033	Comprehensive or Specified Perils
N	305036	Commercial

502

Map/Unmap 506a Save 506b Close 506c

FIG. 21

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510

Totals		514	
State Fund:	MA	Claim Number:	12345678901234567890
Insolvency:	Abington Mutual Insurance Company	GFMS Number:	GF000000001
Policy Number:	HP02024000000000000000	Date of Loss:	04/27/1999

Claimant		Coverage	
Claimant:	Bronson Klopfenstein	512	▽

Coverage List:

Coverage	Loss Res.	Loss Paid	Loss Pend.	Exp. Res.	Exp. Paid	Exp. Pend.	Loss Recovery	Exp. Recovery	Offset
Benefits	\$300,000.00	\$20,000.00	\$2,000.00	\$40,000.00	\$4,000.00	\$0	\$1,000.00	\$100.00	\$500.00
Medical Expense	\$11,000.00	\$600.00	\$0	\$5,000.00	\$1,000.00	\$0	\$1,000.00	\$0	\$0
COLA	\$3,000.00	\$500.00	\$150.00	\$1,000.00	\$200.00	\$50.00	\$0	\$0	\$0
Claimant Totals	\$314,000	\$21,000	\$2,150	\$46,000	\$5,200	\$50	\$2,000	\$100	\$500
Claim Totals	\$600,000	\$60,000	\$10,000	\$90,000	\$15,000	\$3,000	\$7,000	\$500	\$1,000

Close

516

FIG. 22

520

Totals

State Fund: MA

Claim Number: 12345678901234567890

522

Insolvency: Abington Mutual Insurance Company

GFM's Number: GF000000001

Policy Number: HP02024000000000000000

Date of Loss: 04/27/1999

Coverage: Benefits

524

Claimant

Coverage

Claimant List:

Claimant	Loss Res.	Loss Paid	Loss Pend.	Exp. Res.	Exp. Paid	Exp. Pend.	Loss Recovery	Exp. Recovery	Offset
Bronson Klopfenstein	\$300,000.00	\$20,000.00	\$2,000.00	\$40,000.00	\$4,000.00	\$0	\$2,000.00	\$150.00	\$600.00
John Smith	\$200,000.00	\$30,000.00	\$3,000.00	\$40,000.00	\$5,000.00	\$1,000.00	\$0	\$0	\$0
Coverage Totals	\$500,000	\$50,000	\$5,000	\$80,000	\$9,000	\$1,000	\$2,000	\$150	\$600
Claim Totals	\$600,000	\$60,000	\$10,000	\$90,000	\$15,000	\$3,000	\$7,000	\$500	\$1,000

Close

FIG. 23

530

FIG. 24

Replacement Sheet

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540	542	544	546	548	550	552
	ACTION	DIARY TYPE	CLAIM	UNEARNED PREMIUM	GENERIC	
APPROVAL	• WHEN A CLAIM PAYMENT IS DELETED	CLAIM PAYMENT APPROVAL	✓			
APPROVAL	• WHEN AN UNEARNED PREMIUM PAYMENT IS DELETED	UP PAYMENT APPROVAL		✓		
APPROVAL	• WHEN THE CLOSING OF A CLAIM IS REJECTED	CLAIM CLOSING APPROVAL	✓			
APPROVAL	• WHEN THE CLOSING OF AN UNEARNED PREMIUM IS REJECTED	UP CLOSING APPROVAL		✓		
CLAIM	• WHEN A CLAIM STATUS IS CHANGED TO "CLOSE"	CLAIM STATUS CHANGED	✓			
UNEARNED PREMIUM	• WHEN AN UNEARNED PREMIUM STATUS IS CHANGED TO "CLOSE"	UP STATUS CHANGED		✓		
LOI	• WHEN A LOI IS MODIFIED	LOI MODIFIED			✓	
LOI	• WHEN A LOI IS DELETED	LOI DELETED			✓	
NOTES	• WHEN A CLAIM NOTE IS SENT TO A REVIEWER	CLAIM NOTE	✓			
NOTES	• WHEN A CLAIMANT NOTE IS SENT TO A REVIEWER	CLAIMANT NOTE	✓			
NOTES	• WHEN AN UNEARNED PREMIUM NOTE IS SENT TO A REVIEWER	UP NOTE		✓		
RESERVE	• WHEN A RESERVE IS ADJUSTED FOR A CLAIMANT	CLAIM RESERVE	✓			
RESERVE	• WHEN A RESERVE IS ADJUSTED FOR A UNEARNED PREMIUM POLICY	UP RESERVE		✓		
TAXPAYER	• WHEN A NEW TAX-PAYER IS ADDED	NEW TAXPAYER			✓	
TAXPAYER	• WHEN A TAXPAYER IS MODIFIED	MODIFY TAXPAYER			✓	
CLAIMANT	• WHEN THE USER ENTERS OR ADJUSTS A RESERVE ABOVE A USER'S PRESET RESERVE AGGREGATE OR INCREMENT LIMIT, THEN A DIARY IS SENT TO A CLAIM MANAGER FOR APPROVAL	CLAIMANT RESERVE ABOVE LIMIT	✓			

FIG. 25

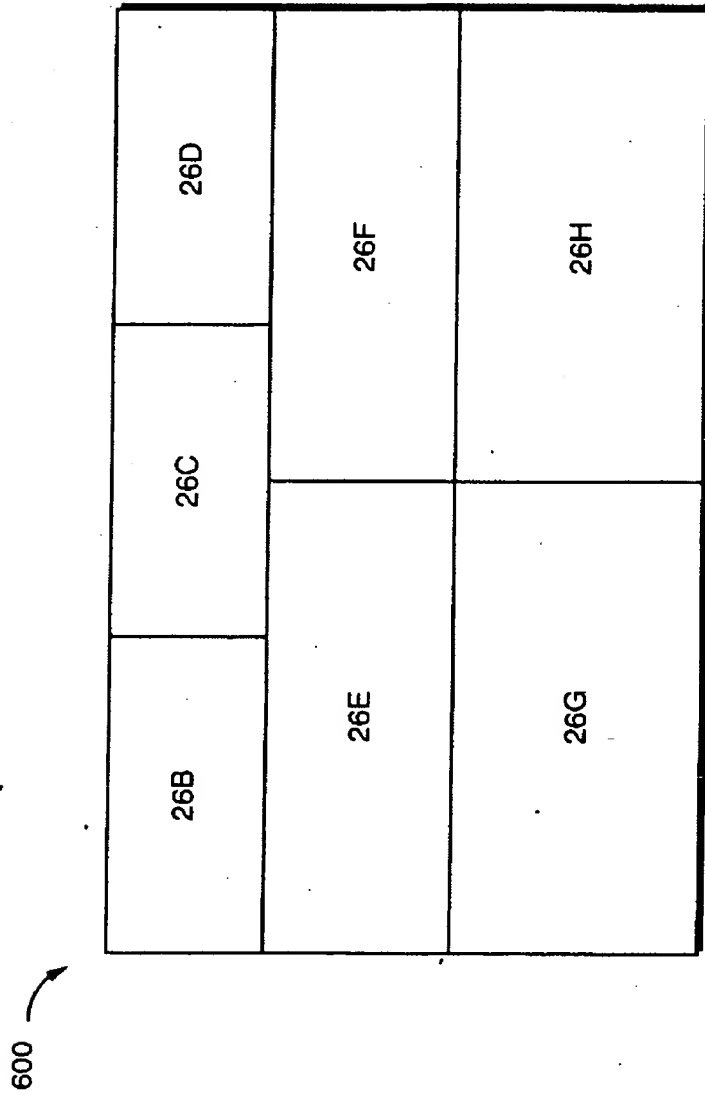


FIG. 26A

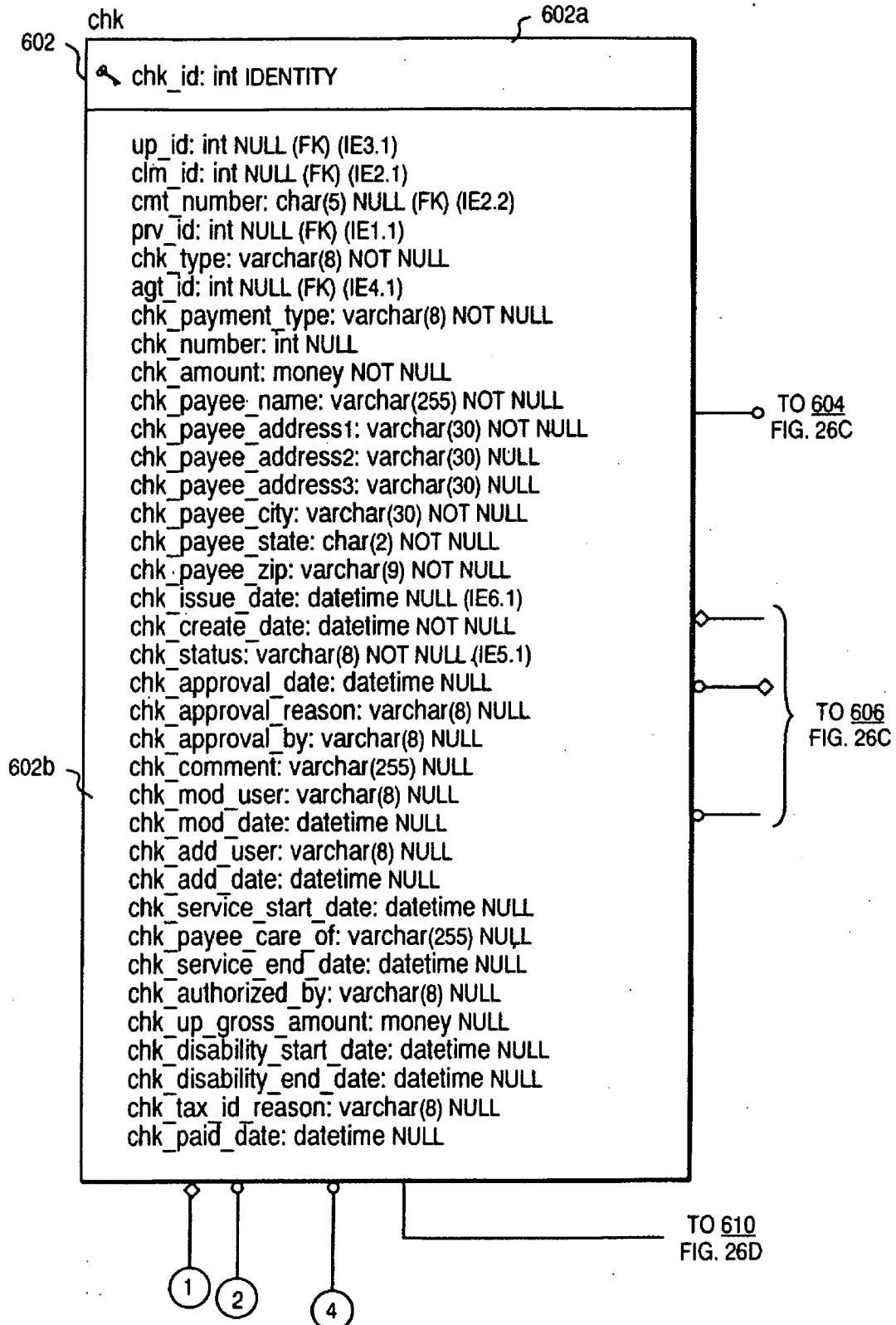


FIG. 26B

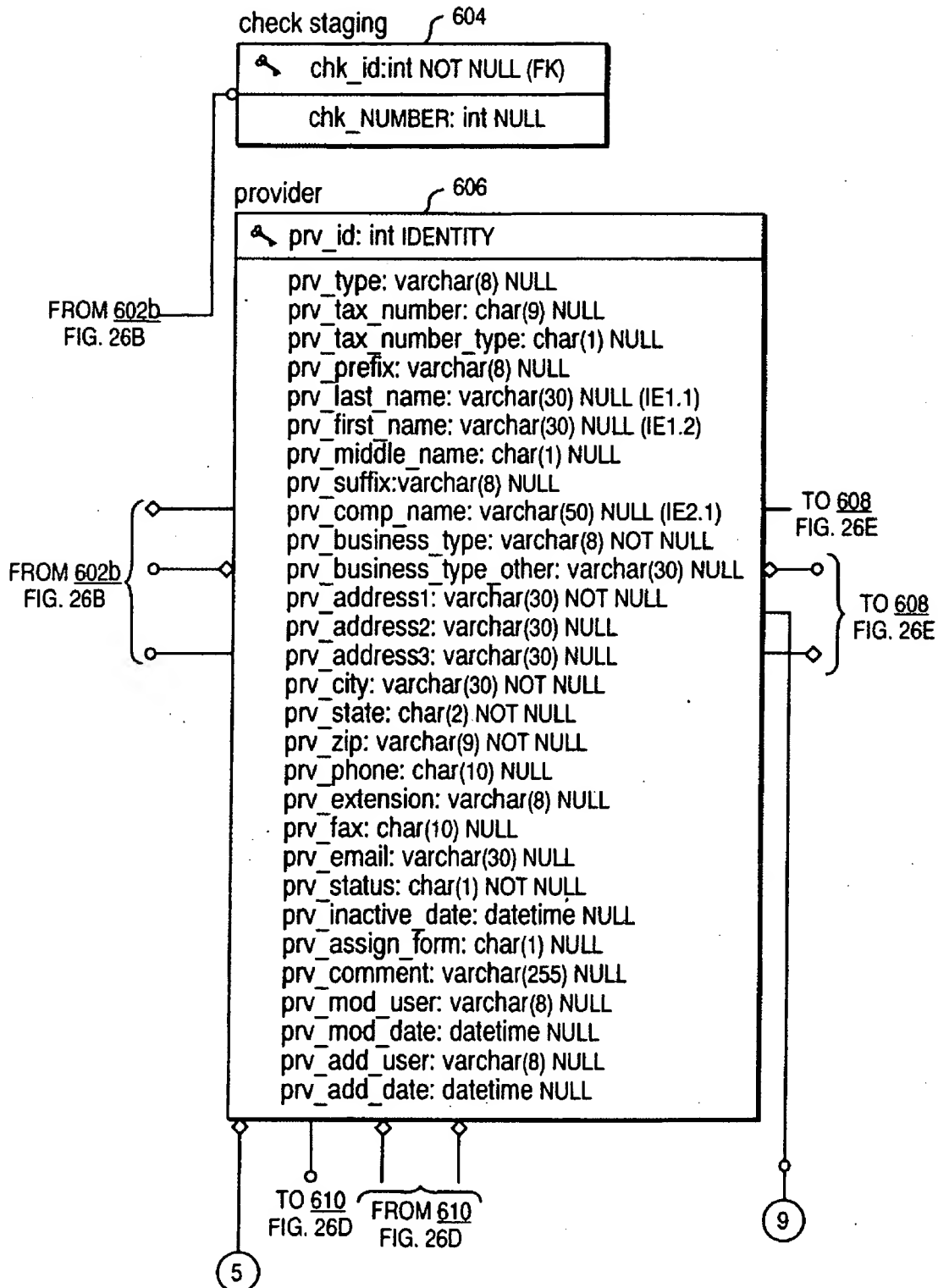


FIG. 26C

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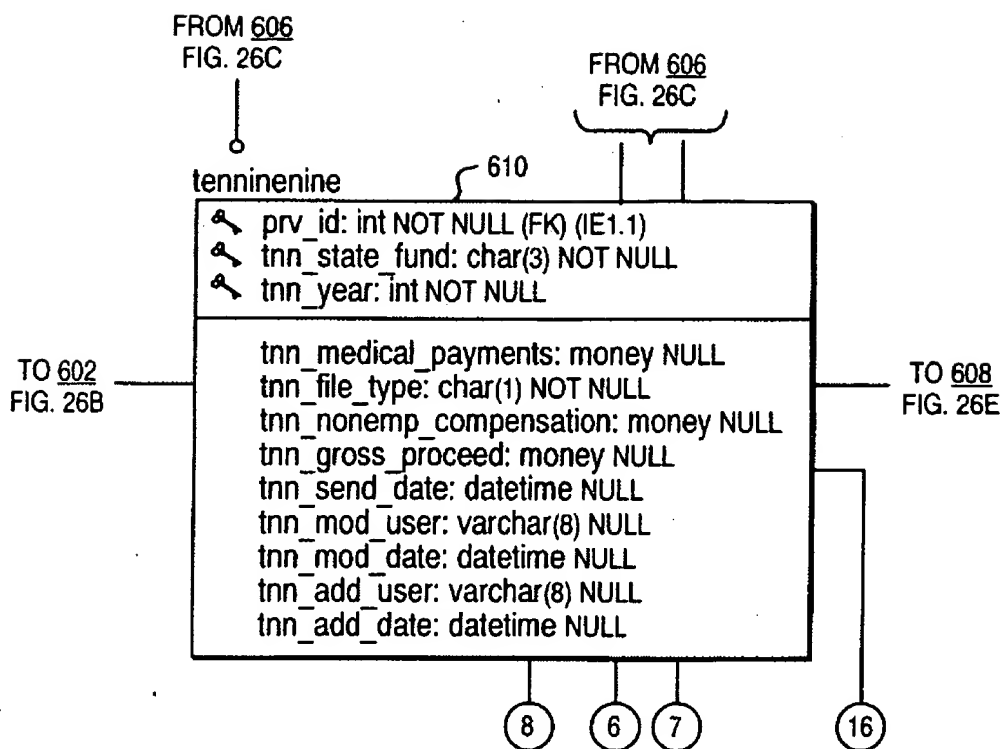


FIG. 26D

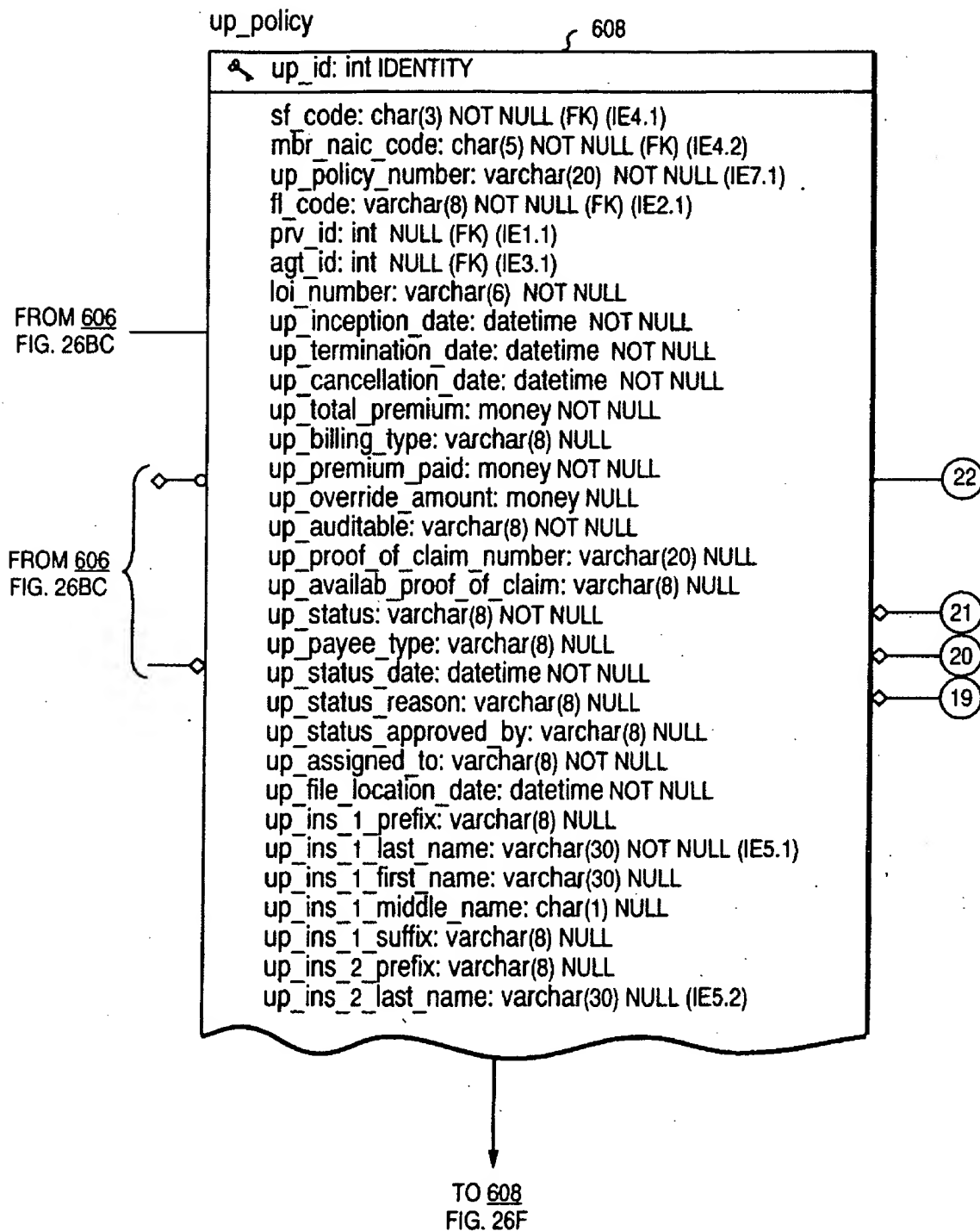


FIG. 26E



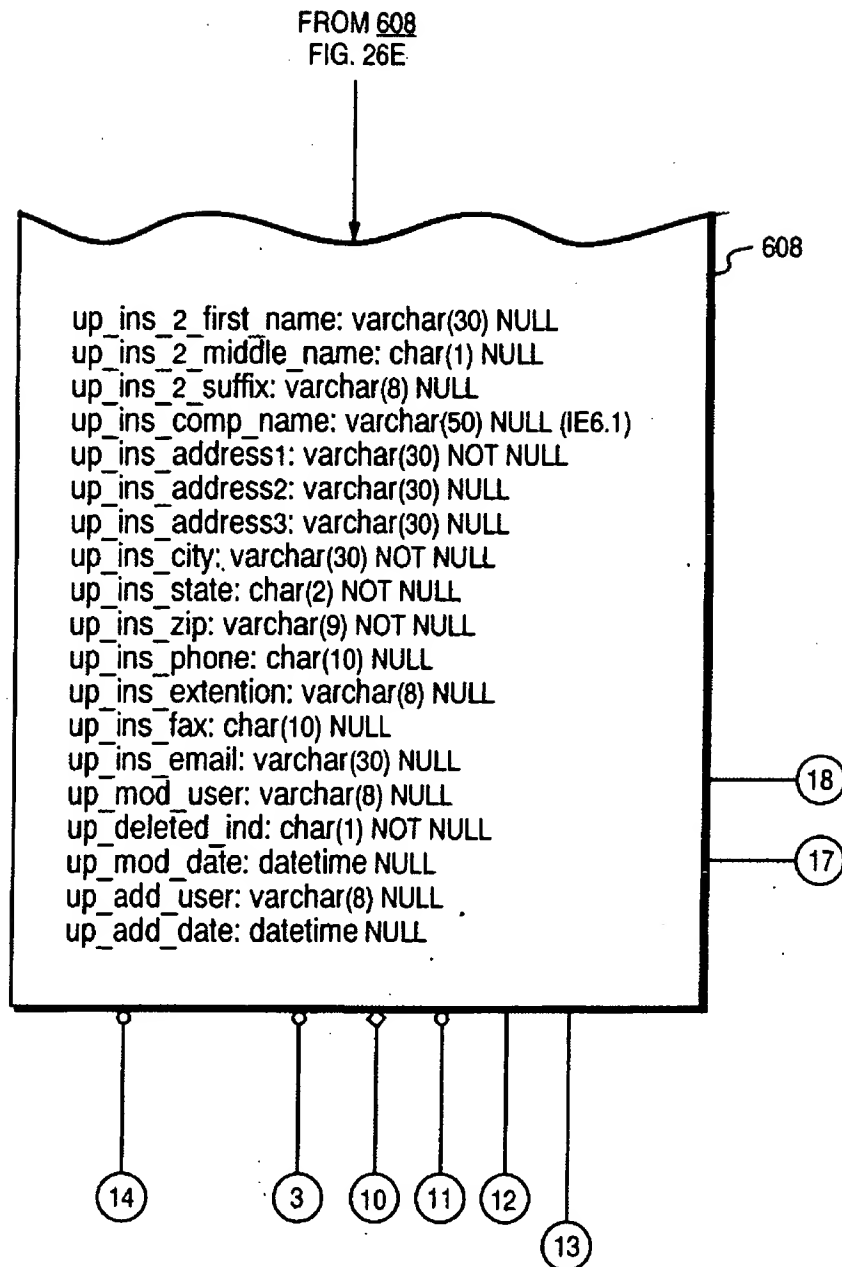


FIG. 26F

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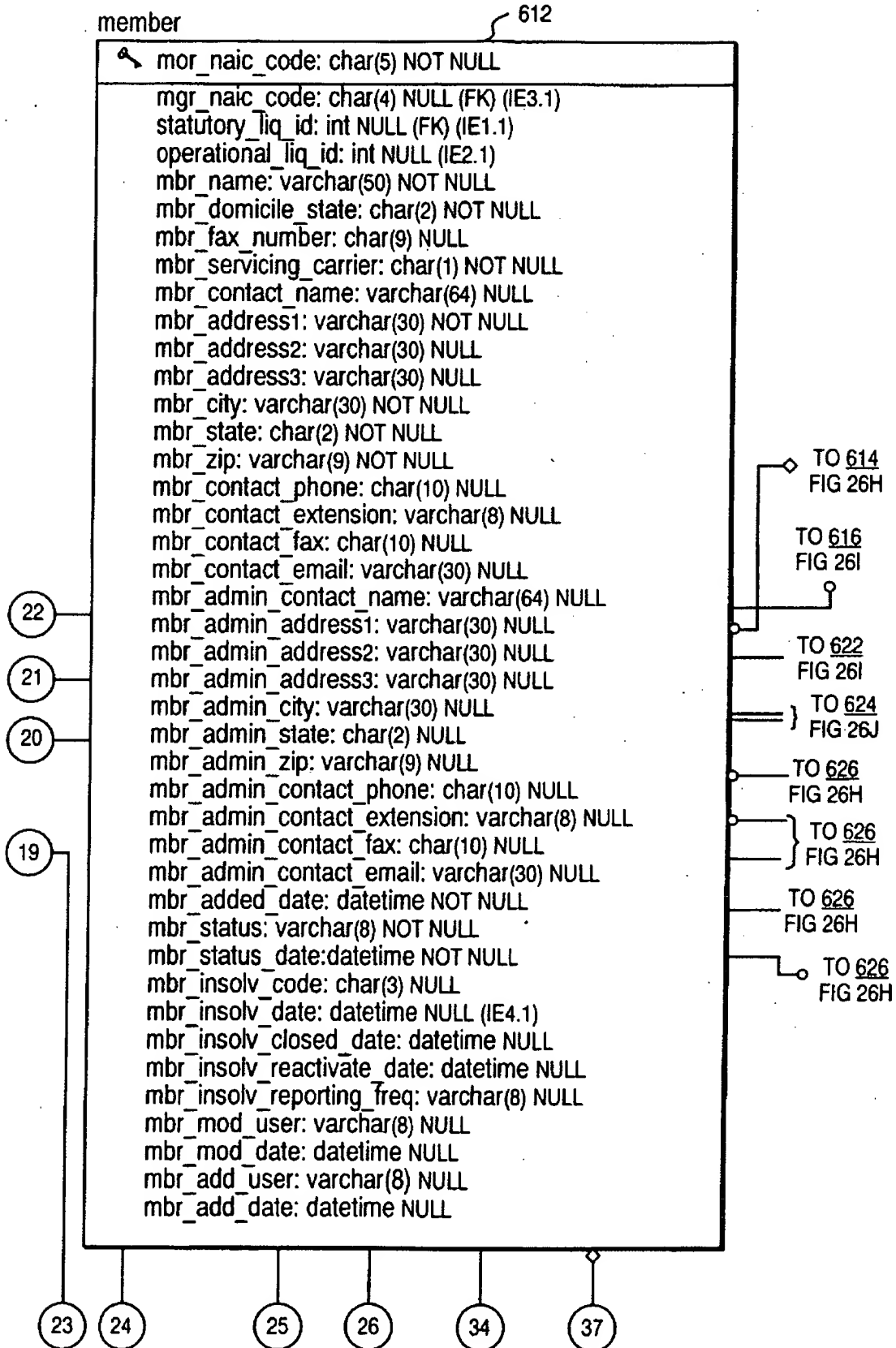


FIG. 26G

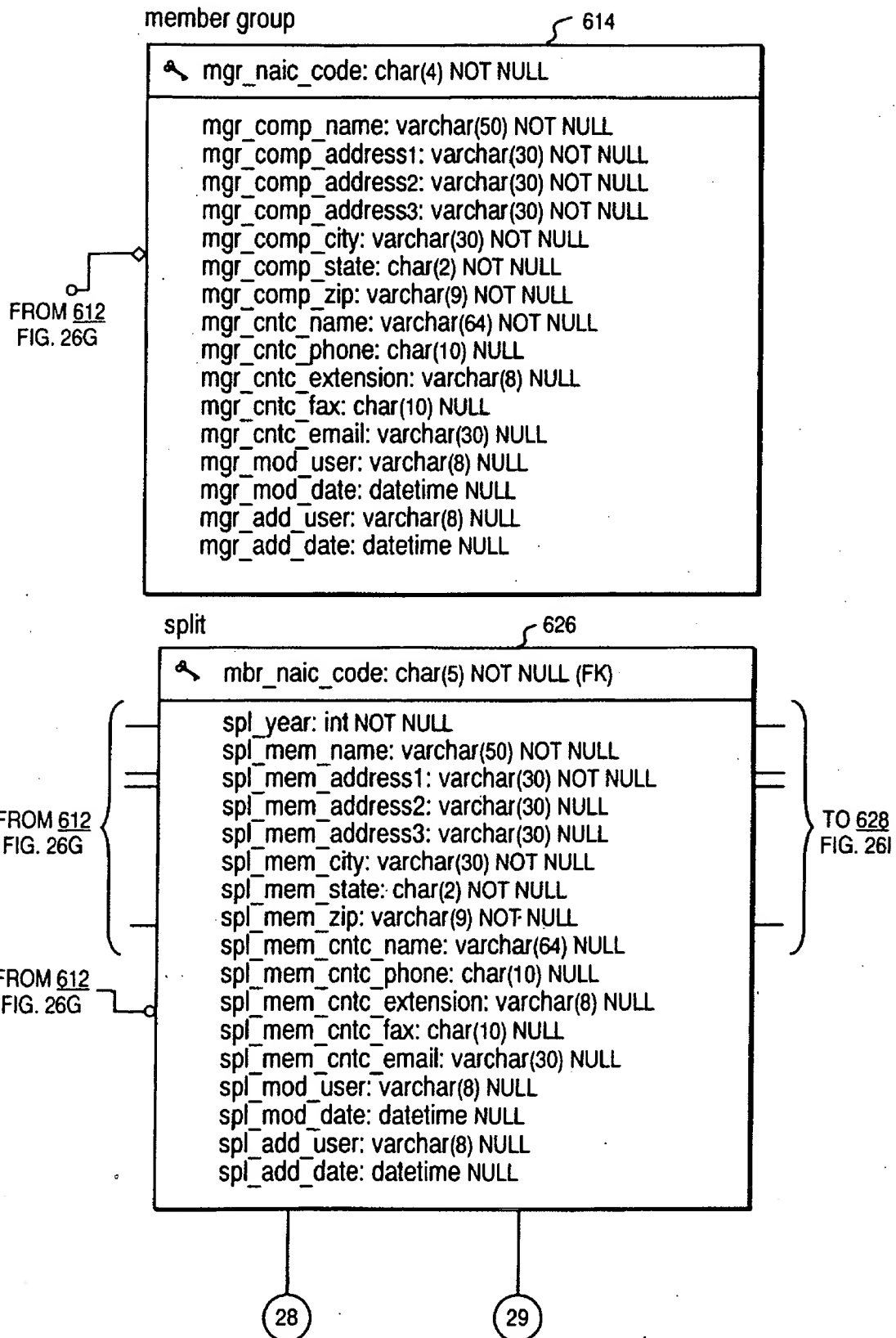


FIG. 26H

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member_financials

616

mbr_naic_code: char(5) NOT NULL (FK) (IE1.1)
 mf_type: varchar(8) NOT NULL
 mf_premium_year: int NOT NULL

mf_value: money NOT NULL
 mf_mod_user: varchar(8) NULL
 mf_mod_date: datetime NULL
 mf_add_user: varchar(8) NULL
 mf_add_date: datetime NULL

FROM 612
FIG. 26G

insolvency_uds_coverage_code

622

sf_code: char(3) NOT NULL (FK) (IE1.1)
 mbr_naic_code: char(5) NOT NULL (FK) (IE1.2)
 loi_number: varchar(6) NOT NULL (FK) (IE1.3)
 uds_code: char(6) NOT NULL (FK) (IE2.1)

iud_mod_user: varchar(8) NULL
 iud_mod_date: datetime NULL
 iud_add_user: varchar(8) NULL
 iud_add_date: datetime NULL

FROM 612
FIG. 26G

TO 624
FIG. 26I

TO 624
FIG. 26I

assessment transaction

628

at_id: int IDENTITY

sf_code: char(3) NOT NULL (FK) (IE2.1)
 mbr_naic_code: char(5) NOT NULL (FK) (IE2.2)
 ia_code: char(2) NOT NULL (FK) (IE2.3)
 at_premium_year: int NOT NULL
 at_kind: varchar(8) NOT NULL
 at_assess_date: datetime NOT NULL
 at_allocation_group: int NULL (FK) (IE1.1)
 at_type: varchar(8) NOT NULL
 at_assess_amount: money NOT NULL
 at_deferred_amount: money NULL
 at_reversal: char(1) NOT NULL
 at_from_deferred: char(1) NOT NULL
 at_adjustment_date: datetime NULL
 at_mod_user: varchar(8) NULL
 at_mod_date: datetime NULL
 at_add_user: varchar(8) NULL
 at_add_date: datetime NULL
 at_reverse_at_id: int NULL
 at_loc_notification: char(1) NULL

FROM 626
FIG. 26H



FIG. 26I

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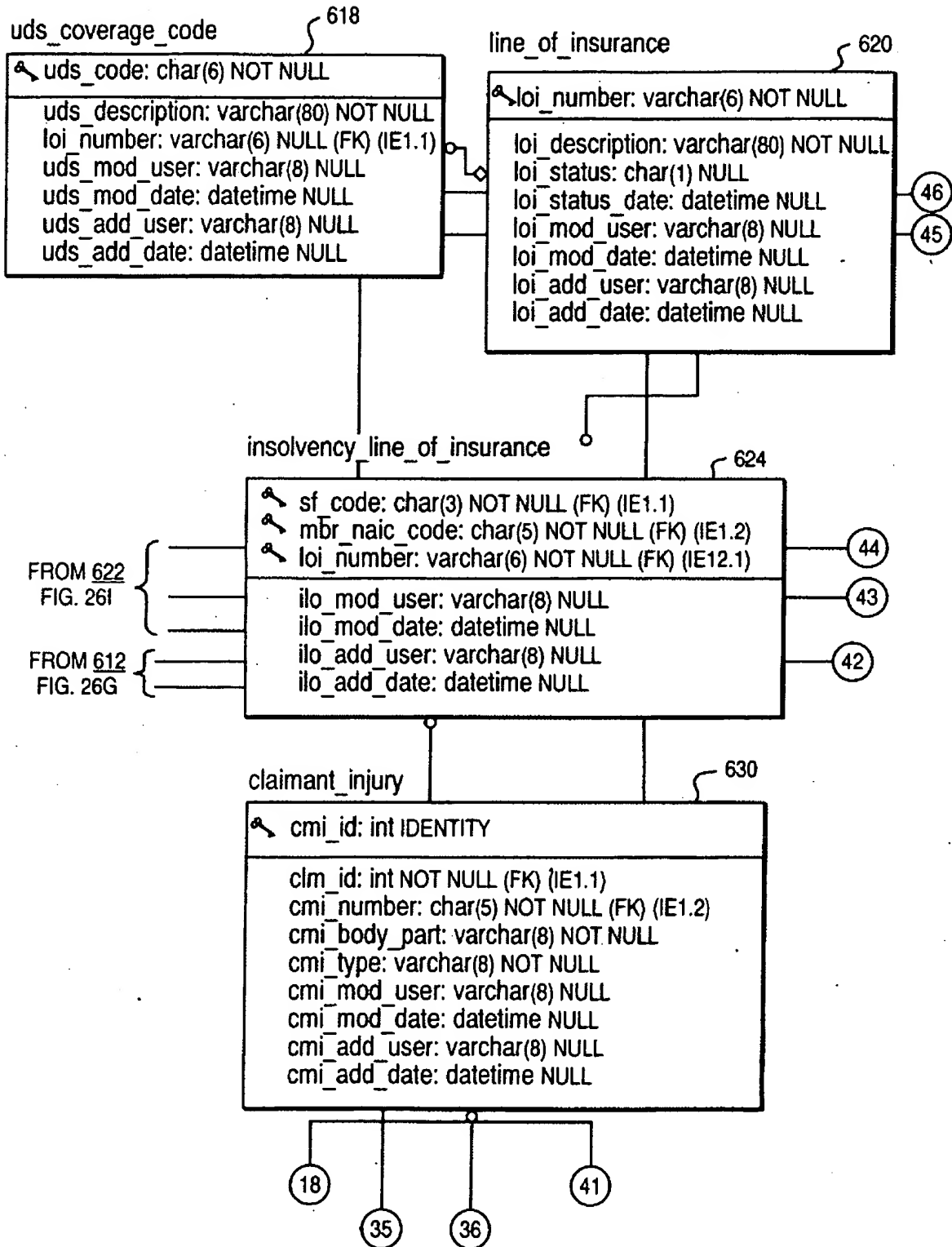


FIG. 26J

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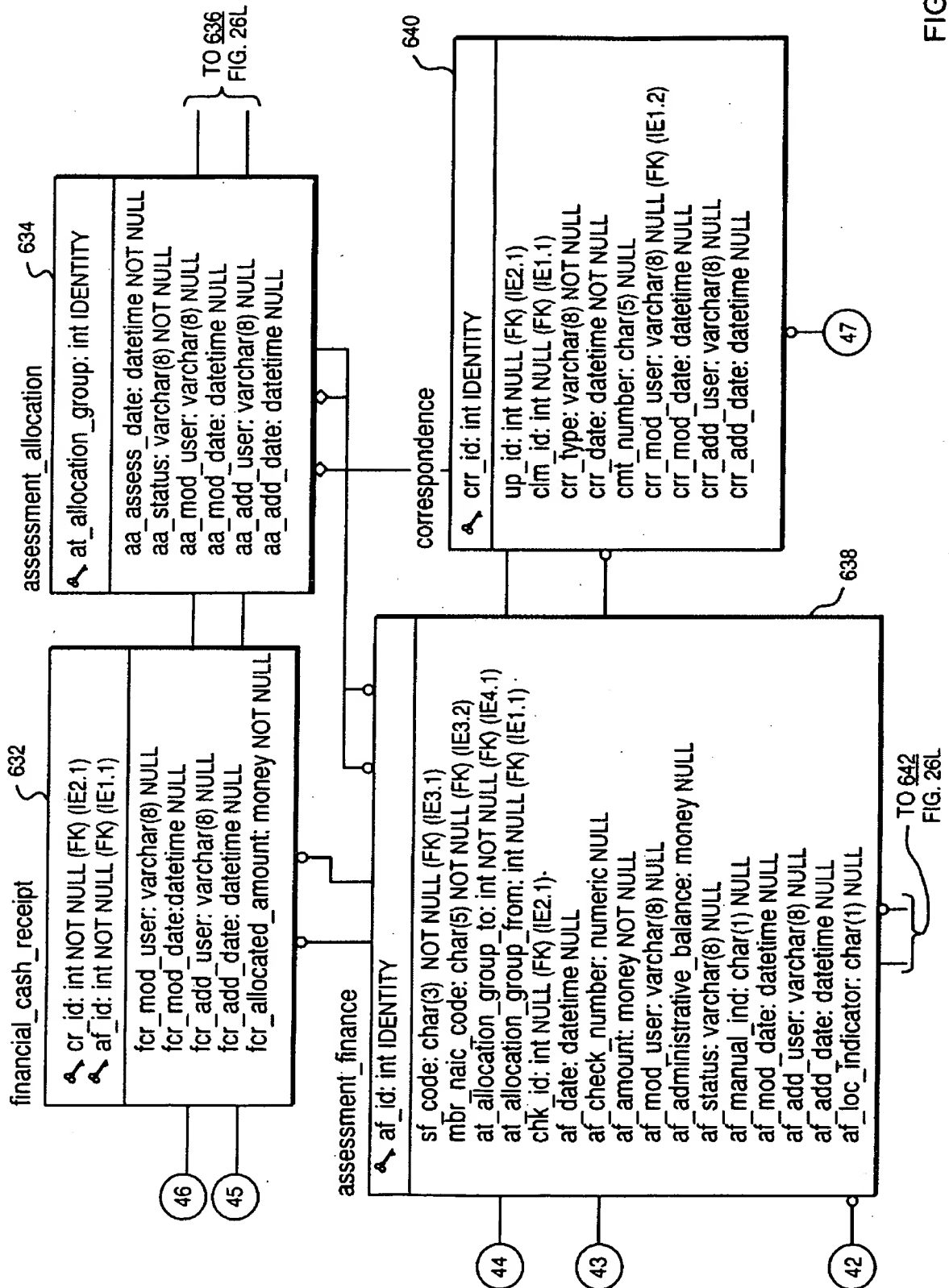


FIG. 26K

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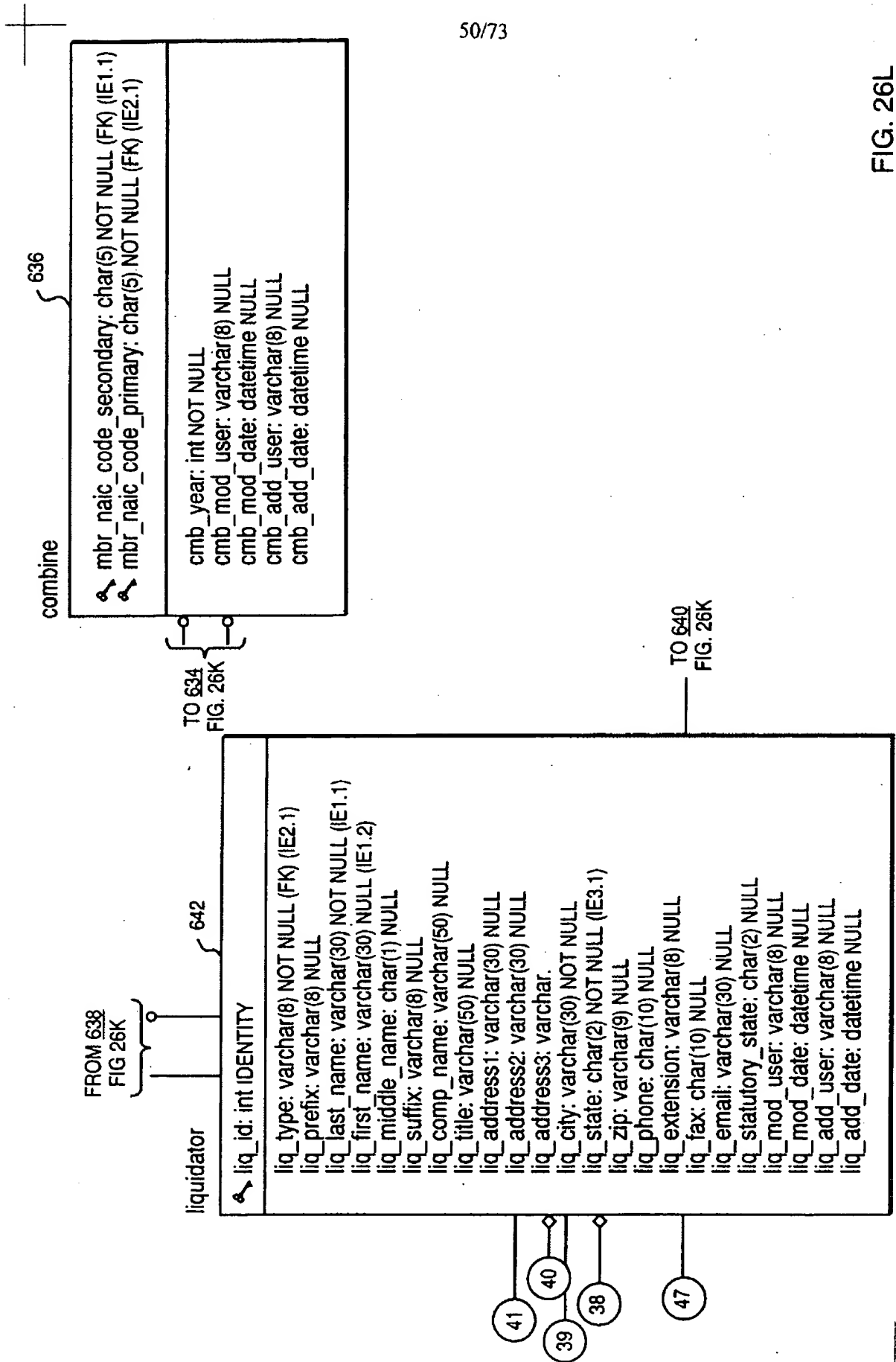


FIG. 26L

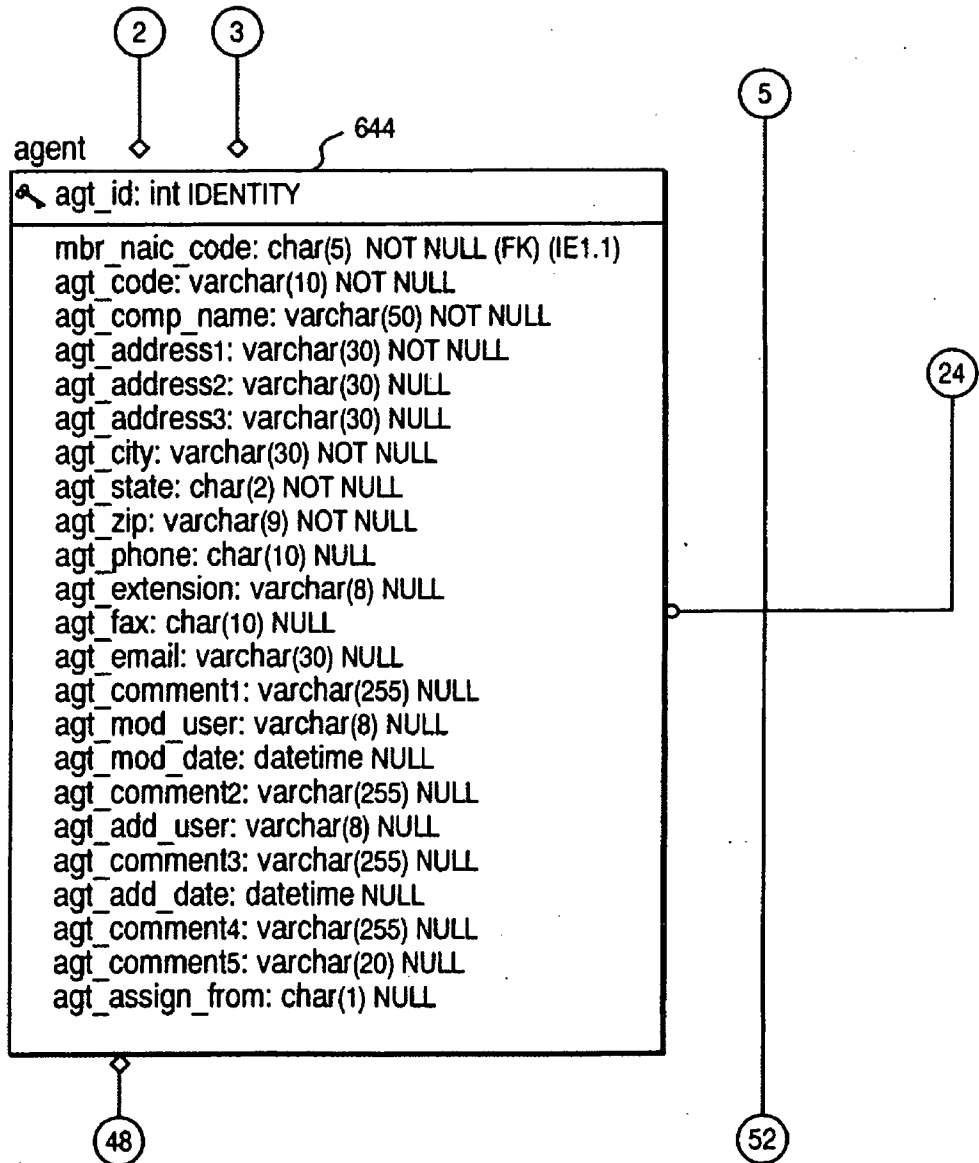


FIG. 26M

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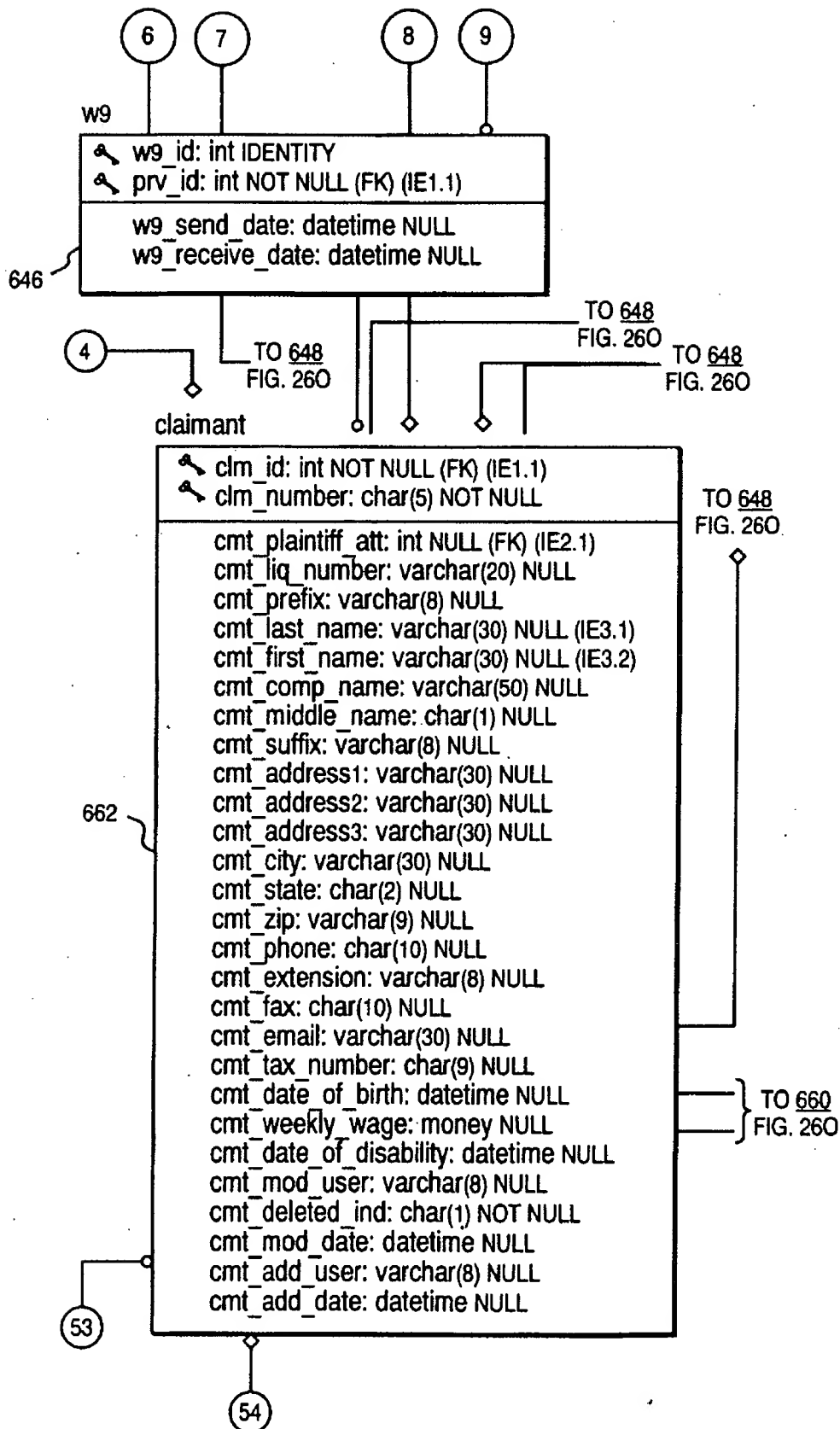


FIG. 26N

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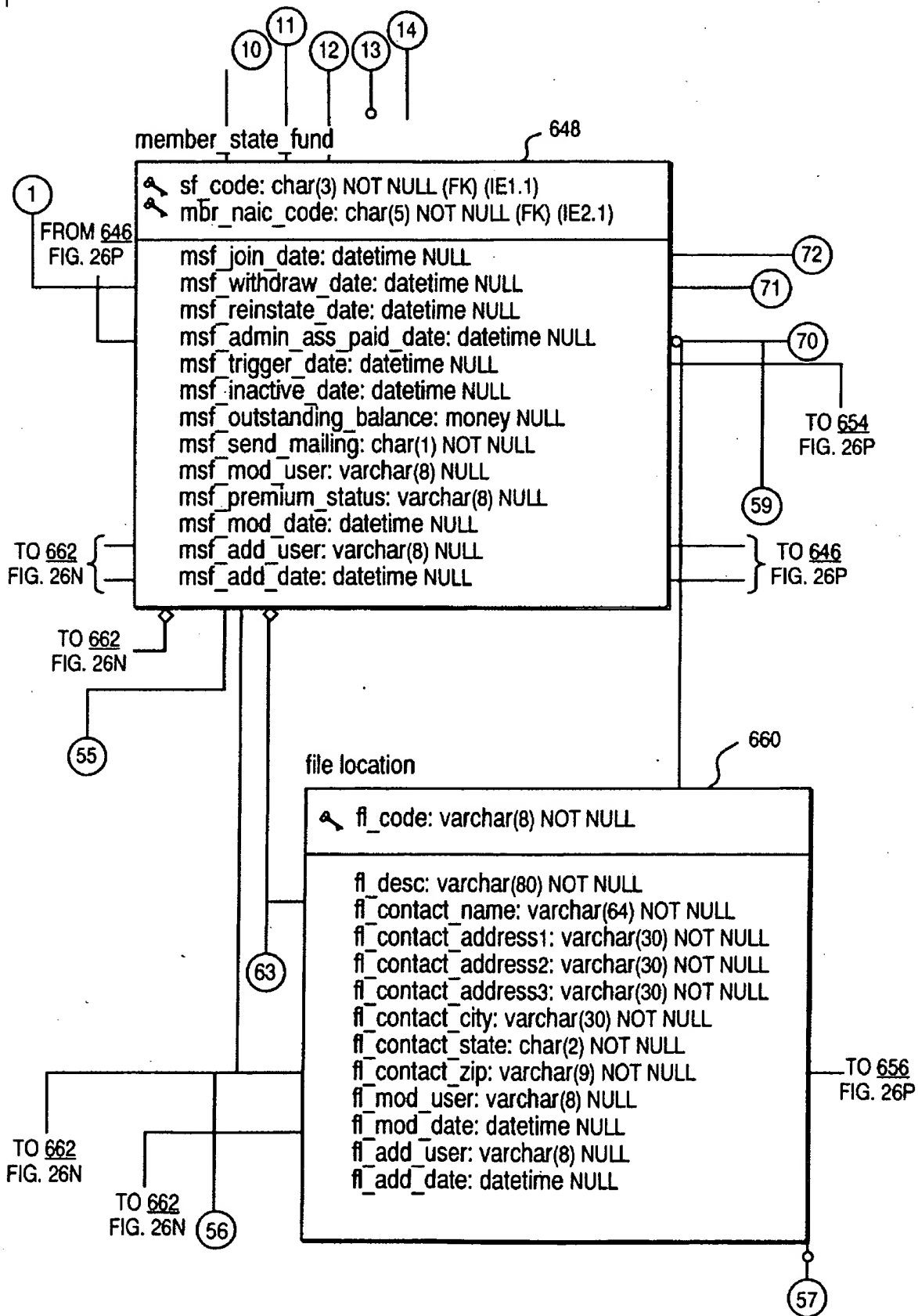


FIG. 260

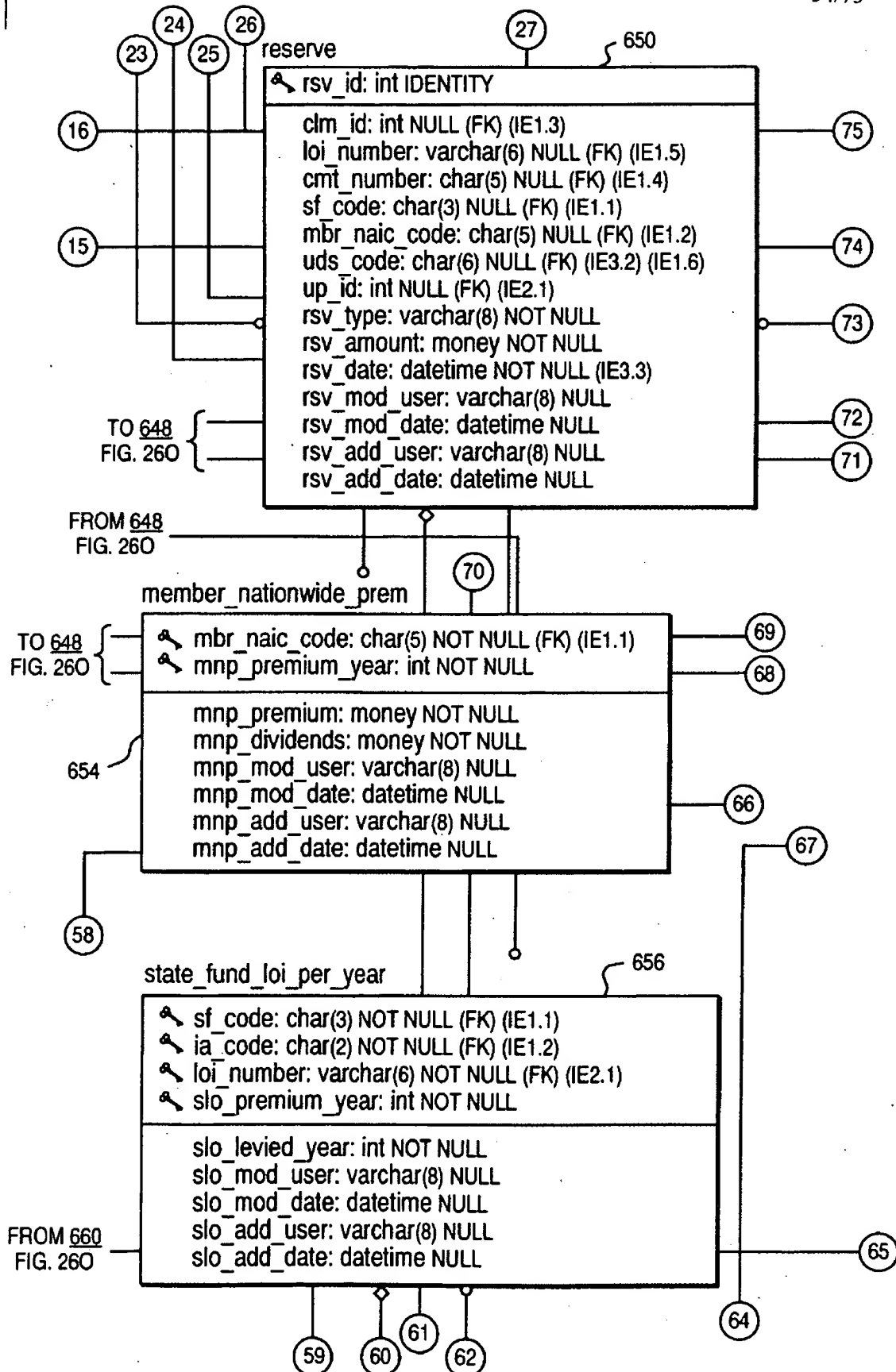


FIG. 26P



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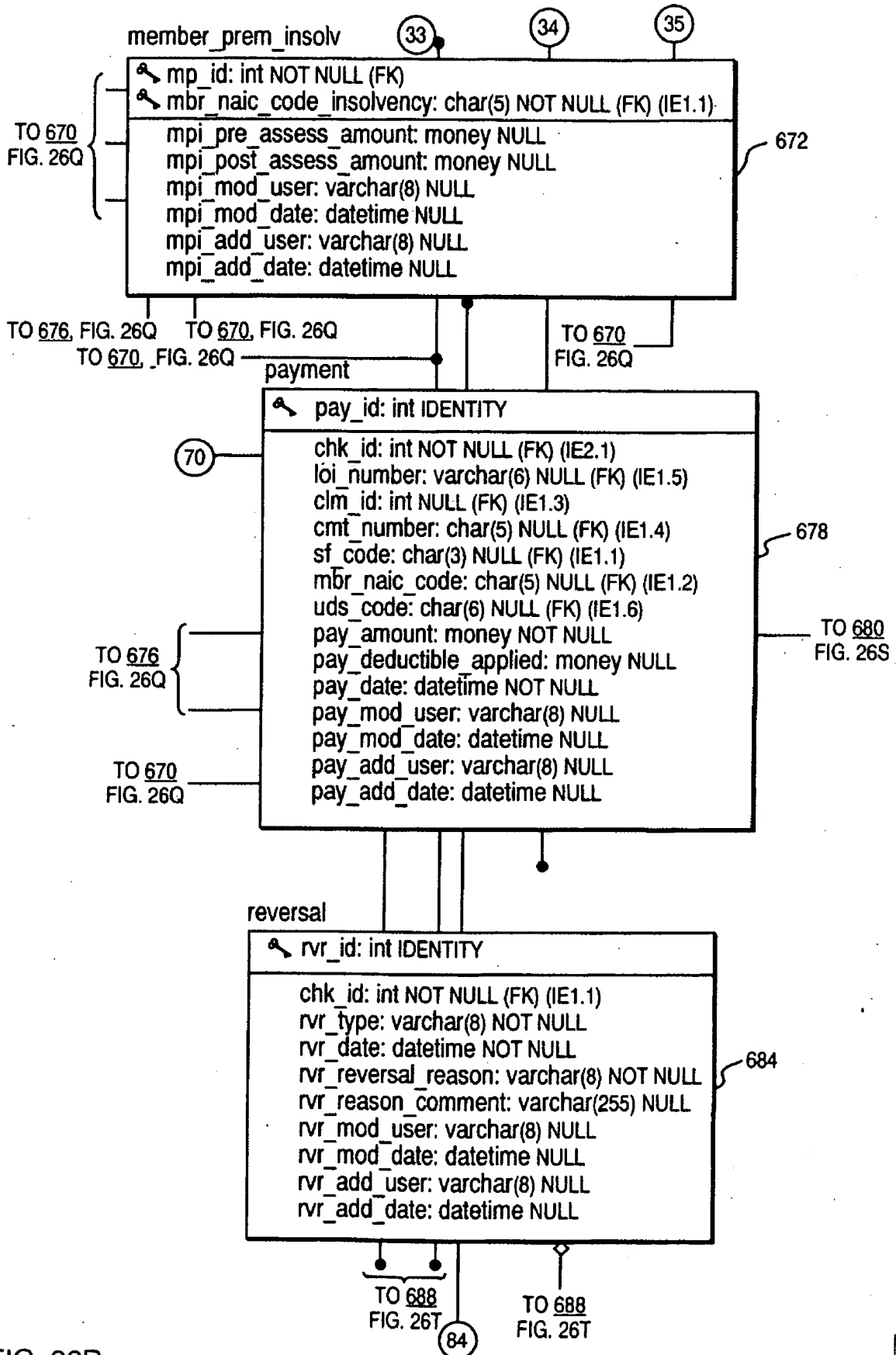


FIG. 26R

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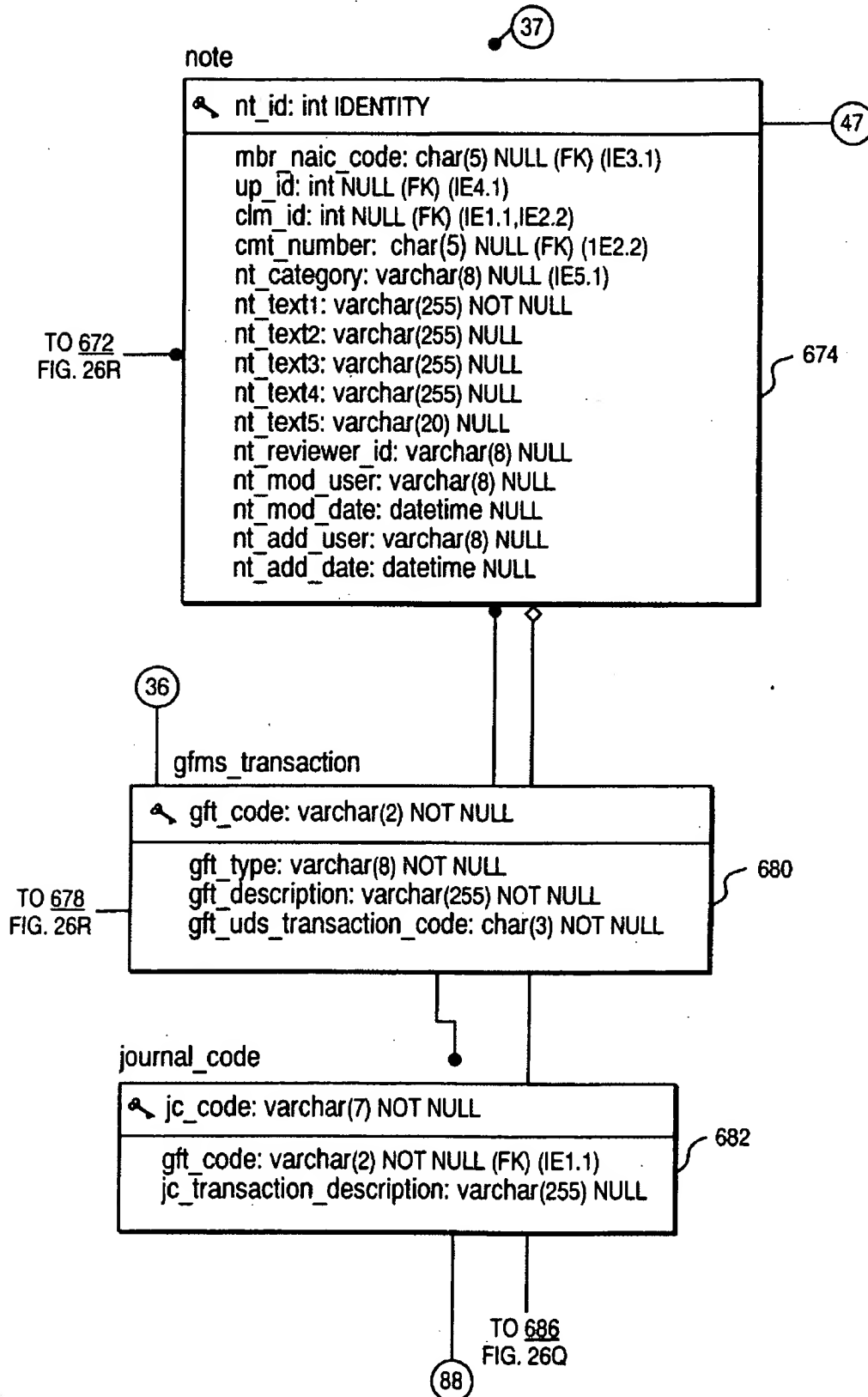


FIG. 26S

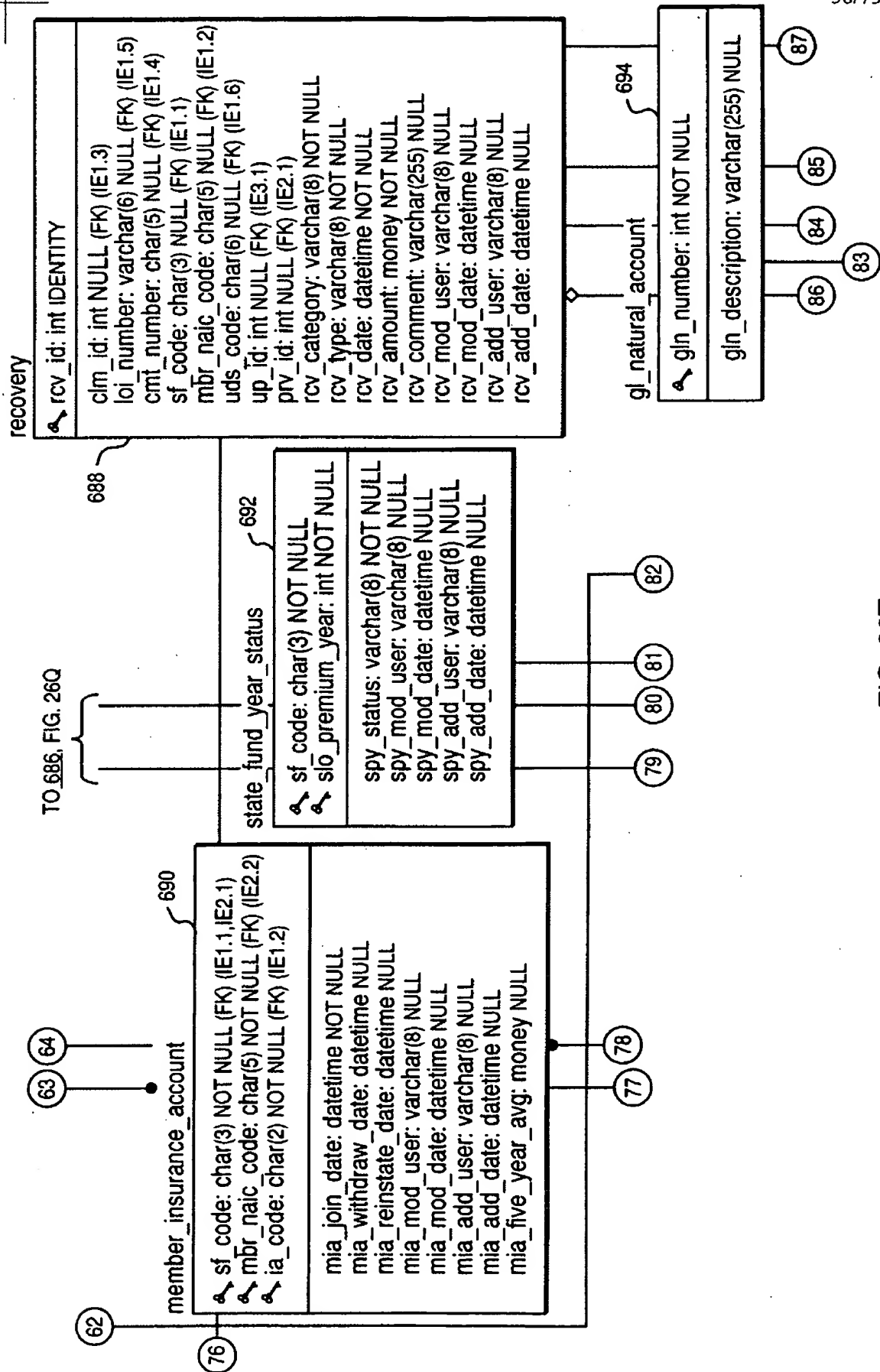


FIG. 26T

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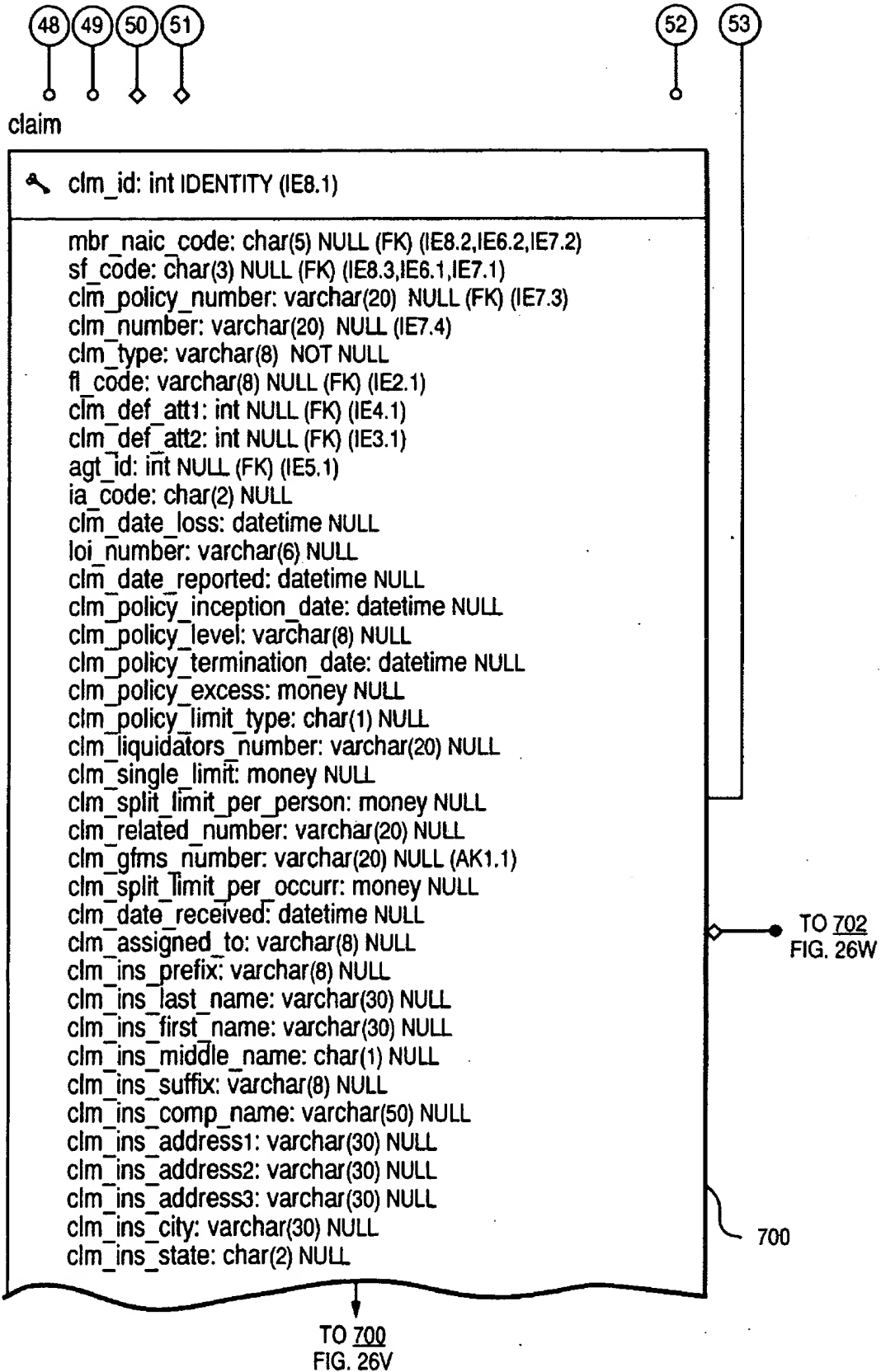


FIG. 26U

FROM 700
FIG. 26U

clm_ins_zip: varchar(9) NULL
 clm_ins_phone: char(10) NULL
 clm_ins_extension: varchar(8) NULL
 clm_ins_fax: char(10) NULL
 clm_ins_email: varchar(30) NULL
 clm_status: varchar(8) NULL
 clm_status_date: datetime NULL
 clm_status_reason: varchar(8) NULL
 clm_status_approved_by: varchar(8) NULL
 clm_lookup_code_1: varchar(8) NULL
 clm_lookup_code_2: varchar(8) NULL
 clm_lookup_code_3: varchar(8) NULL
 clm_lookup_code_4: varchar(8) NULL
 clm_lookup_code_5: varchar(8) NULL
 clm_read_note: char(1) NULL
 clm_lien_indicator: char(1) NULL
 clm_file_location_date: datetime NULL
 clm_box_number: varchar(20) NULL
 clm_blocked: char(1) NULL
 clm_mod_user: varchar(8) NULL
 clm_source: varchar(8) NULL
 clm_mod_date: datetime NULL
 clm_comp_name: varchar(50) NULL
 clm_contact_last_name: varchar(30) NULL
 clm_deleted_ind: char(1) NOT NULL
 clm_add_user: varchar(8) NULL
 clm_add_date: datetime NULL
 cbn_contact_first_name: varchar(30) NULL

FIG. 26V

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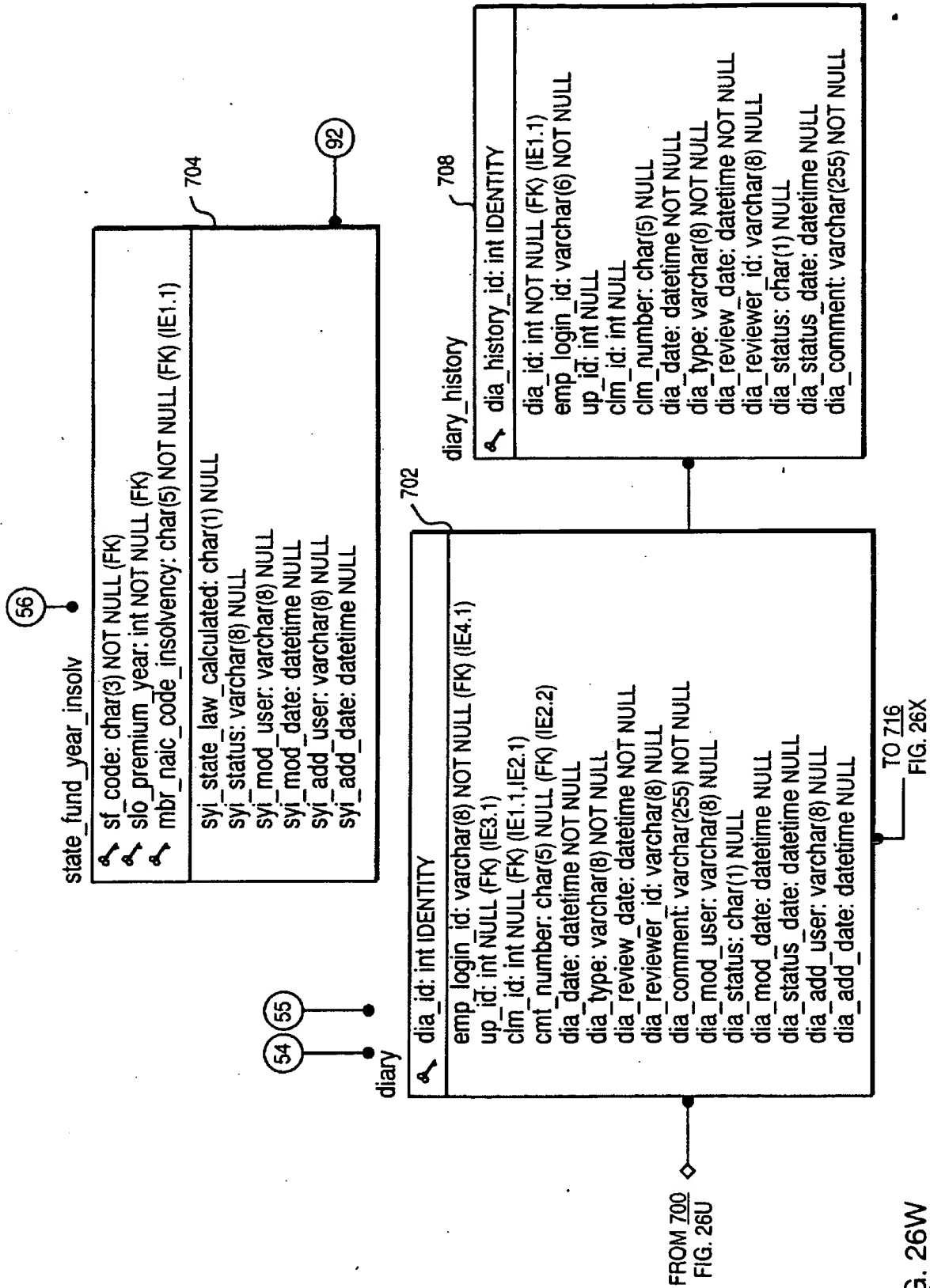


FIG. 26W

TO 716
FIG. 26X

FROM 702
FIG. 26W

718

toxic site

txs_id: int IDENTITY

txs_type: varchar(8) NOT NULL
txs_number: varchar(15) NULL
txs_name: varchar(50) NOT NULL
txs_address1: varchar(30) NULL
txs_address2: varchar(30) NULL
txs_address3: varchar(30) NULL
txs_city: varchar(30) NULL
txs_state: char(2) NOT NULL
txs_zip: varchar(9) NULL
txs_comment: varchar(255) NULL
txs_mod_user: varchar(8) NULL
txs_mod_date: datetime NULL
txs_add_user: varchar(8) NULL
txs_add_date: datetime NULL

employee

716

emp_login_id: varchar(8) NOT NULL

emp_last_name: varchar(30) NOT NULL
emp_first_name: varchar(30) NOT NULL
emp_middle_name: char(1) NULL
emp_status: varchar(8) NOT NULL
emp_status_date: datetime NOT NULL
emp_mod_user: varchar(8) NULL
emp_mod_date: datetime NULL
emp_add_user: varchar(8) NULL
emp_add_date: datetime NULL

employee_role

712

emp_login_id: varchar(8) NOT NULL (FK) (IE1.1)
rl_id: varchar(8) NOT NULL (FK) (IE2.1)

erl_claim_loss_lim_check: money NULL
erl_claim_loss_lim_claimnt: money NULL
erl_claim_exp_check: money NULL
erl_claim_exp_claimnt: money NULL
erl_res_loss_increm_lim: money NULL
erl_res_exp_increm_lim: money NULL
erl_res_loss_agg_lim_claimnt: money NULL
erl_res_exp_agg_lim_claimnt: money NULL
erl_up_lim_check: money NULL
erl_up_lim_up: money NULL
erl_mod_user: varchar(8) NULL
erl_mod_date: datetime NULL
erl_add_user: varchar(8) NULL
erl_add_date: datetime NULL
erl_auto_diary: char(1) NULL

TO 714
FIG. 26X

FIG. 26X

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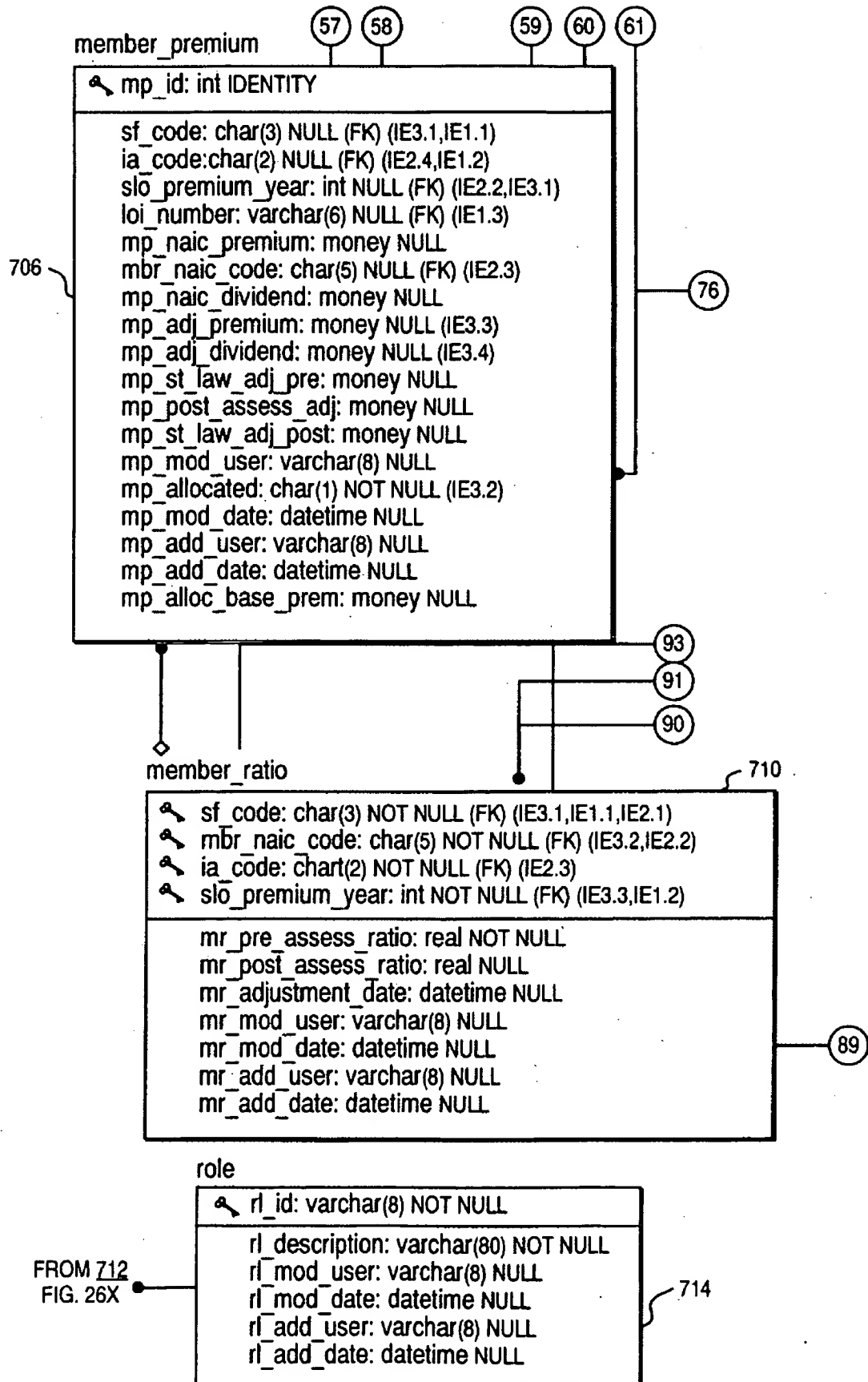


FIG. 26Y

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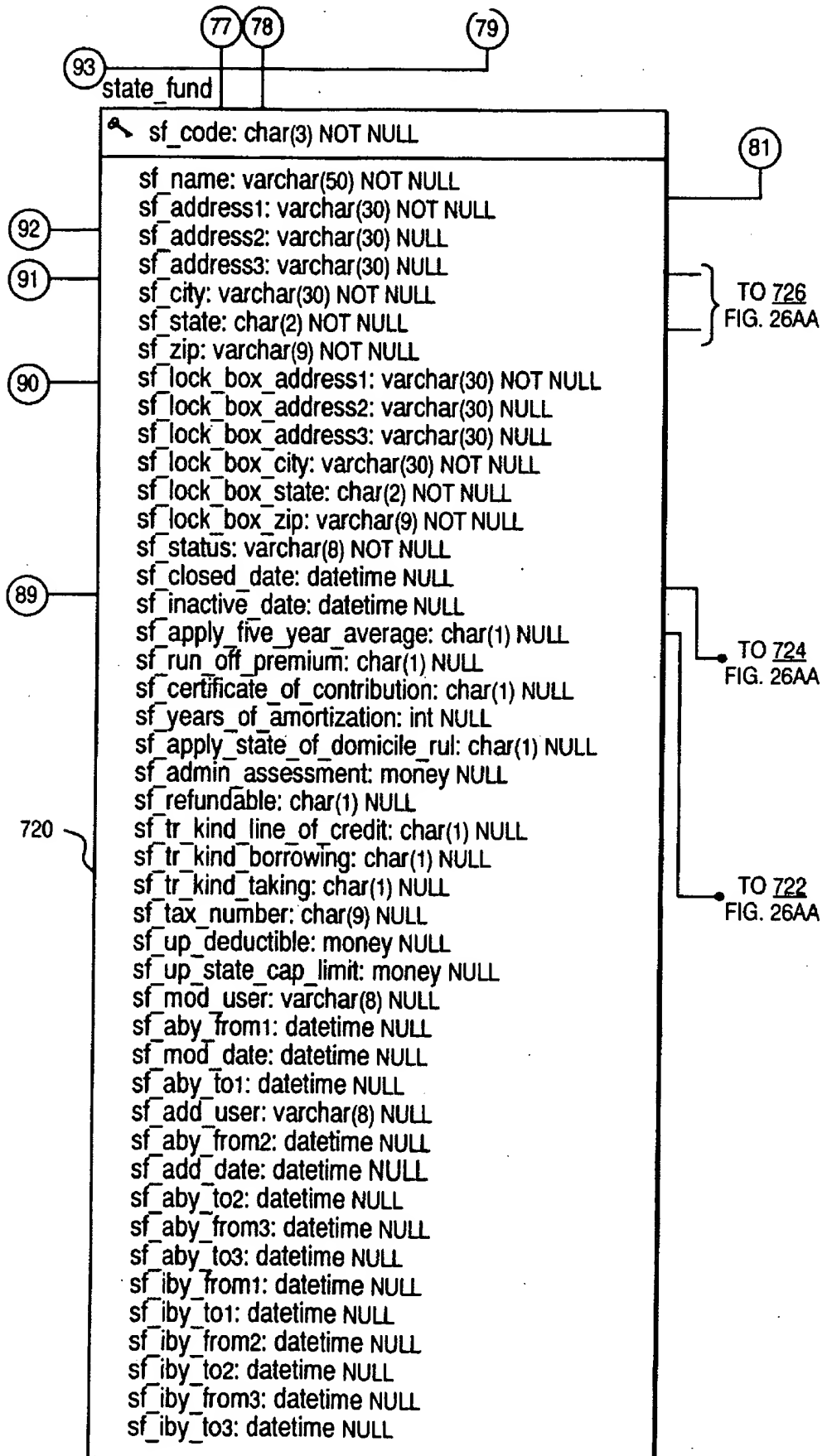


FIG. 26Z

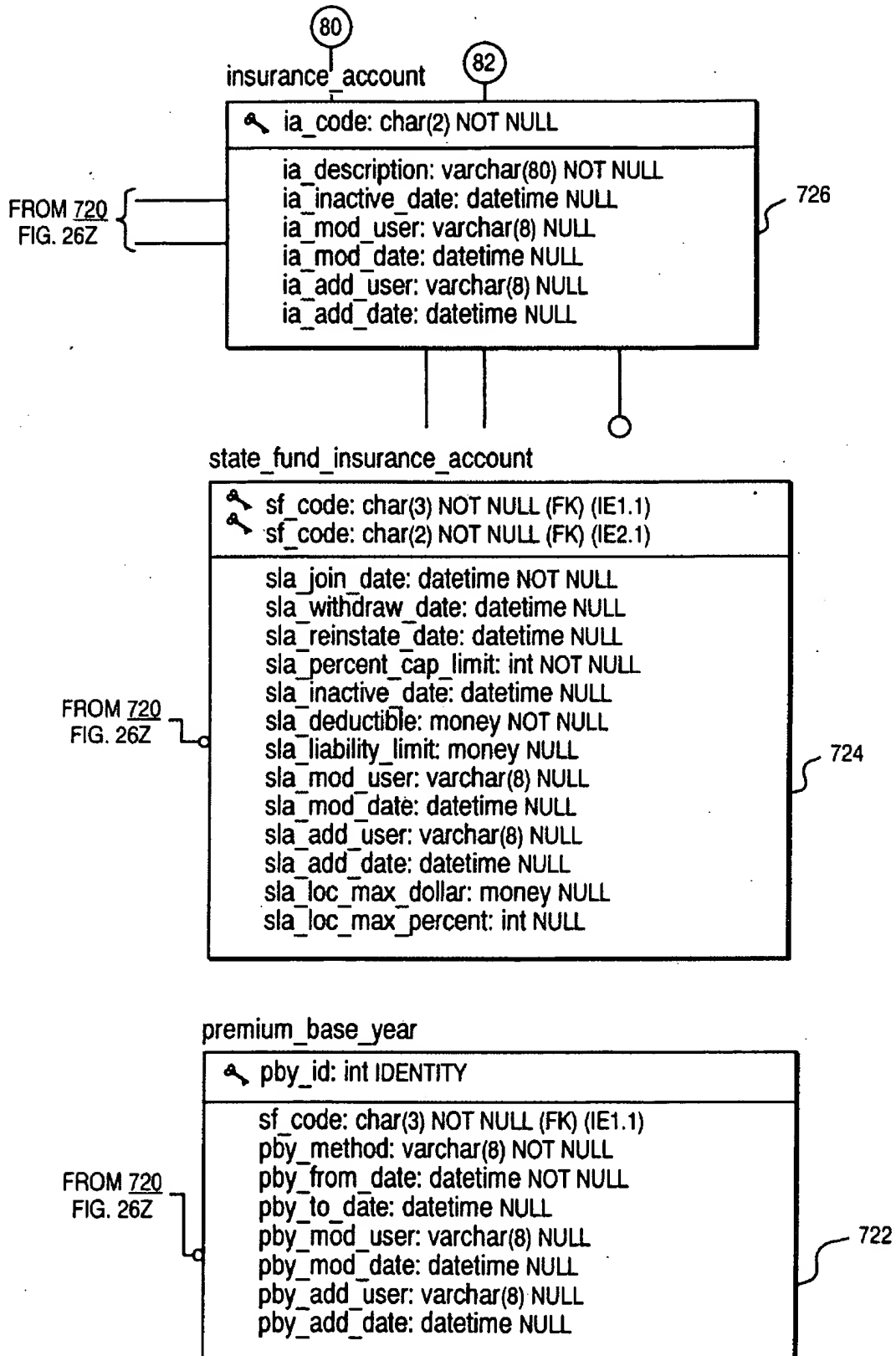


FIG. 26AA

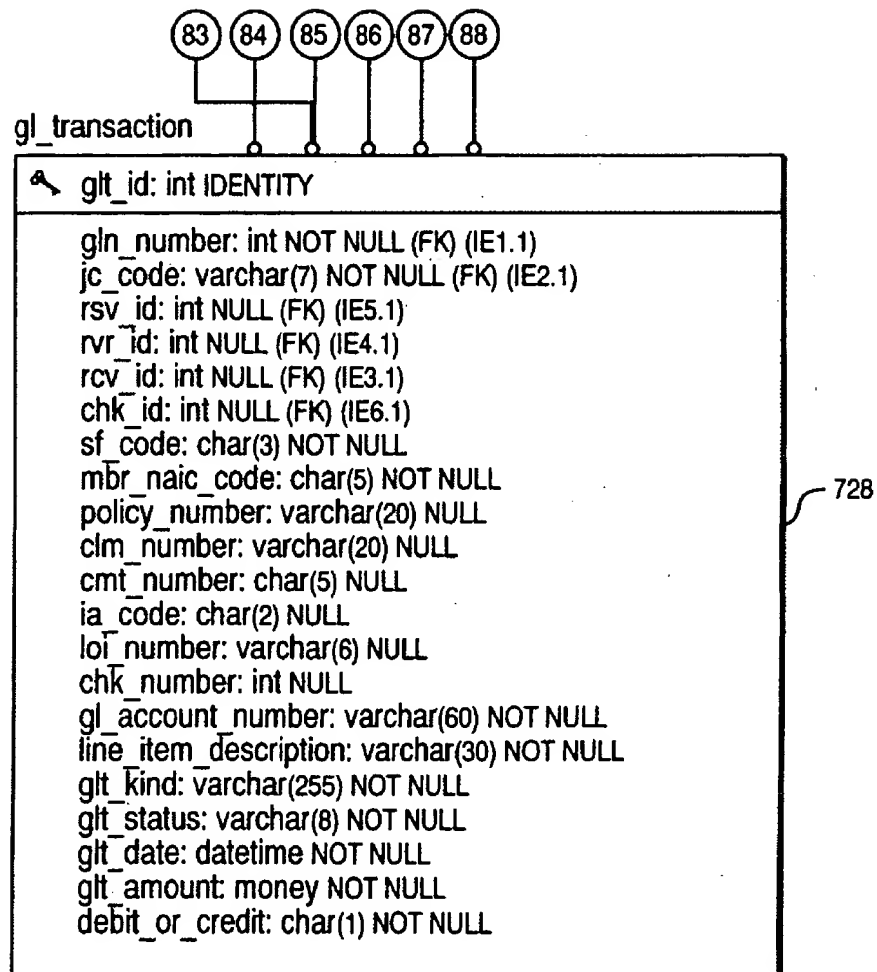


FIG. 26BB

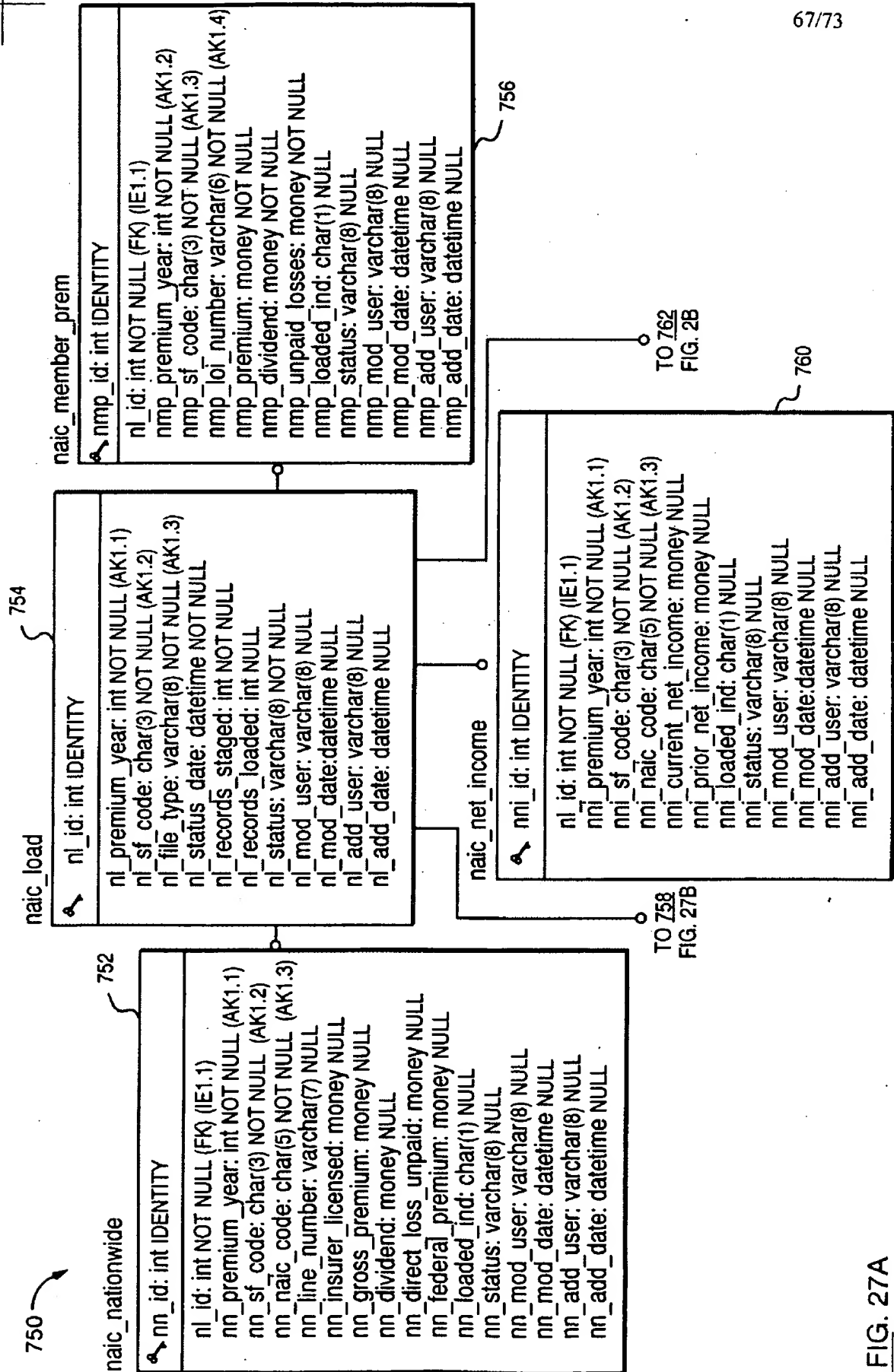


FIG. 27A

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FROM 754
FIG. 2A

naic_demographics

nd_id: int IDENTITY
nl_id: int NOT NULL (FK) (IE1.1) nd_premium_year: int NOT NULL (AK1.1) nd_naic_code: char(5) NOT NULL (AK1.2) nd_company_name: varchar(36) NULL nd_filing_type: char(1) NULL nd_company_type: char(1) NULL nd_fein: char(1) NULL nd_state_domicile: char(2) NULL nd_address: varchar(40) NULL nd_city: varchar(30) NULL nd_state: char(2) NULL nd_zip: varchar(10) NULL nd_contact_person: varchar(30) NULL nd_contact_phone: varchar(19) NULL nd_officer_name: varchar(30) NULL nd_comm_bus_date: varchar(10) NULL nd_group_code: char(5) NULL nd_group_name: varchar(50) NULL nd_company_status: char(1) NULL nd_canadian: char(1) NULL nd_loaded_ind: char(1) NULL nd_status: varchar(8) NULL nd_mod_user: varchar(8) NULL nd_mod_date: datetime NULL nd_add_user: varchar(8) NULL nd_add_date: datetime NULL nd_country: varchar(25) NULL

758

naic_load_audit

nl_audit_id: int IDENTITY nl_id: int NOT NULL
nl_premium_year: int NOT NULL nl_sf_code: char(3) NOT NULL nl_file_type: varchar(8) NOT NULL nl_status_date: datetime NOT NULL nl_records_staged: int NOT NULL nl_records_loaded: int NULL nl_status: varchar(8) NOT NULL nl_mod_user: varchar(8) NULL nl_mod_date: datetime NULL nl_add_user: varchar(8) NULL nl_add_date: datetime NULL nl_del_user: varchar(8) NULL nl_del_date: datetime NULL

764

FROM 754
FIG. 27A

naic_surplus

ns_id: int IDENTITY
nl_id: int NOT NULL (FK) (IE1.1) ns_premium_year: int NOT NULL (AK1.1) ns_sf_code: char(3) NOT NULL (AK1.2) ns_naic_code: char(5) NOT NULL (AK1.3) ns_current_surplus: money NOT NULL ns_prior_surplus: money NULL ns_loaded_ind: char(1) NULL ns_status: varchar(8) NULL ns_mod_user: varchar(8) NULL ns_mod_date: datetime NULL ns_add_user: varchar(8) NULL ns_add_date: datetime NULL

762

FIG. 27B

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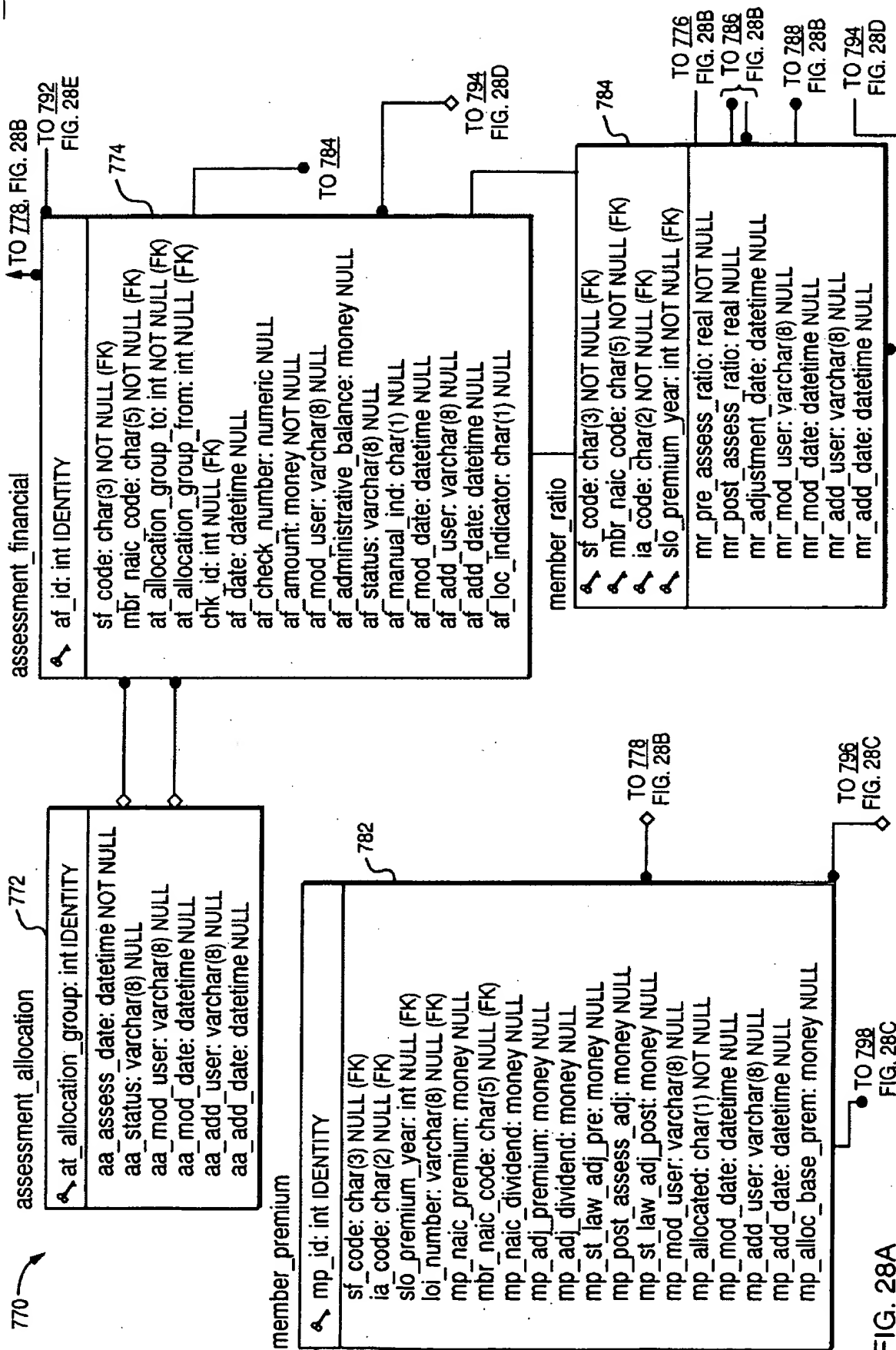


FIG. 28A

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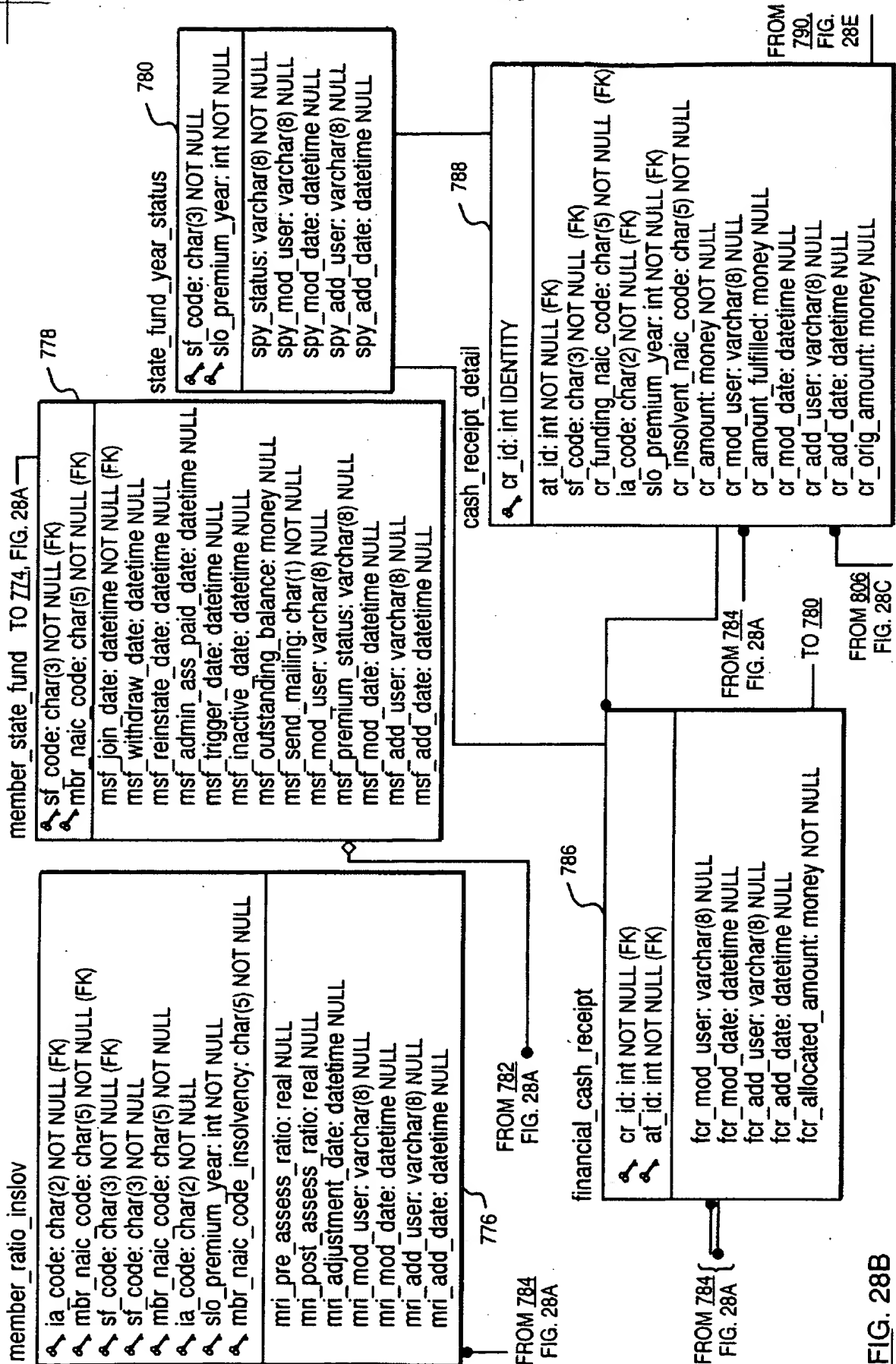


FIG. 28B

FROM 790, FIG. 28E

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FROM 782
FIG. 28A

member_prem_insol

798

<ul style="list-style-type: none"> mp_id: int NOT NULL mbr_naic_code_insolvency: char(5) NOT NULL (FK)
<ul style="list-style-type: none"> mpi_pre_assess_amount: money NULL mpi_post_assess_amount: money NULL mpi_mod_user: varchar(8) NULL mpi_mod_date: datetime NULL mpi_add_user: varchar(8) NULL mpi_add_date: datetime NULL

FROM 782
FIG. 28A

assessment_allocation_msf

800

<ul style="list-style-type: none"> al_allocation_group: int NOT NULL sf_code: char(3) NOT NULL mix_naic_code_funding: char(5) NOT NULL
<ul style="list-style-type: none"> aam_loc_notification: char(1) NOT NULL

state_fund_loi_per_year

796

<ul style="list-style-type: none"> sf_code: char(3) NOT NULL (FK) ia_code: char(2) NOT NULL (FK) loi_number: varchar(6) NOT NULL (FK) slo_premium_year: int NOT NULL (FK)
<ul style="list-style-type: none"> slo_levied_year: int NOT NULL slo_mod_user: varchar(8) NULL slo_mod_date: datetime NULL slo_add_user: varchar(8) NULL slo_add_date: datetime NULL

state_fund_premium_totals

802

<ul style="list-style-type: none"> sfp_id: int NOT NULL
<ul style="list-style-type: none"> sf_code: char(3) NOT NULL slo_premium_year: int NOT NULL ia_code: char(2) NOT NULL sfp_insol_date: datetime NULL sfp_amount: money NOT NULL sfp_mod_user: varchar(8) NULL sfp_mod_date: datetime NULL sfp_add_user: varchar(8) NULL sfp_add_date: datetime NULL

FROM 784
assessment_transaction 806 FIG. 28A

<ul style="list-style-type: none"> at_id: int IDENTITY
<ul style="list-style-type: none"> sf_code: char(3) NOT NULL (FK) mbr_naic_code: char(5) NOT NULL (FK) ia_code: char(2) NOT NULL (FK) at_premium_year: int NOT NULL at_kind: varchar(8) NOT NULL at_assess_date: datetime NOT NULL at_allocation_group: int NULL (FK) at_type: varchar(9) NOT NULL at_assess_amount: money NOT NULL at_deferred_amount: money NULL at_reversal: char(1) NOT NULL at_from_deferred: char(1) NOT NULL at_adjustment_date: datetime NULL at_mod_user: varchar(8) NULL at_mod_date: datetime NULL at_add_user: varchar(8) NULL at_add_date: datetime NULL at_reverse_at_id: int NULL at_loc_notification: char(1) NULL

TO
788,
FIG.
28B

assessment_financial_staging

<ul style="list-style-type: none"> afs_id: int IDENTITY
<ul style="list-style-type: none"> at_allocation_group_to: int NULL af_amount: money NULL for_allocated_adjustment: money NULL cr_id: int NULL add_user: varchar(8) NULL admin_bal_adjustment: money NULL

804

FROM 792
FIG. 28E

FIG. 28C

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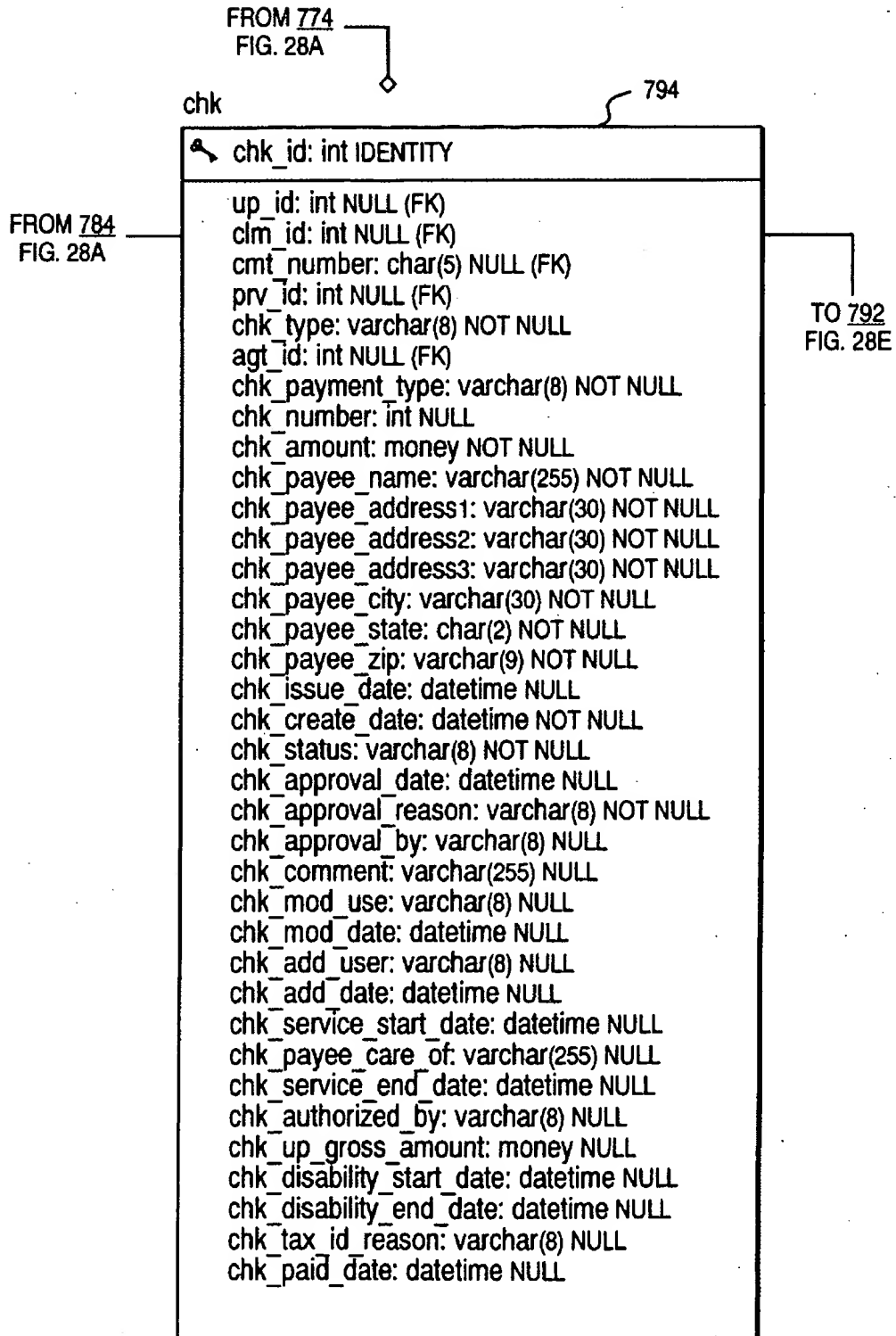


FIG. 28D

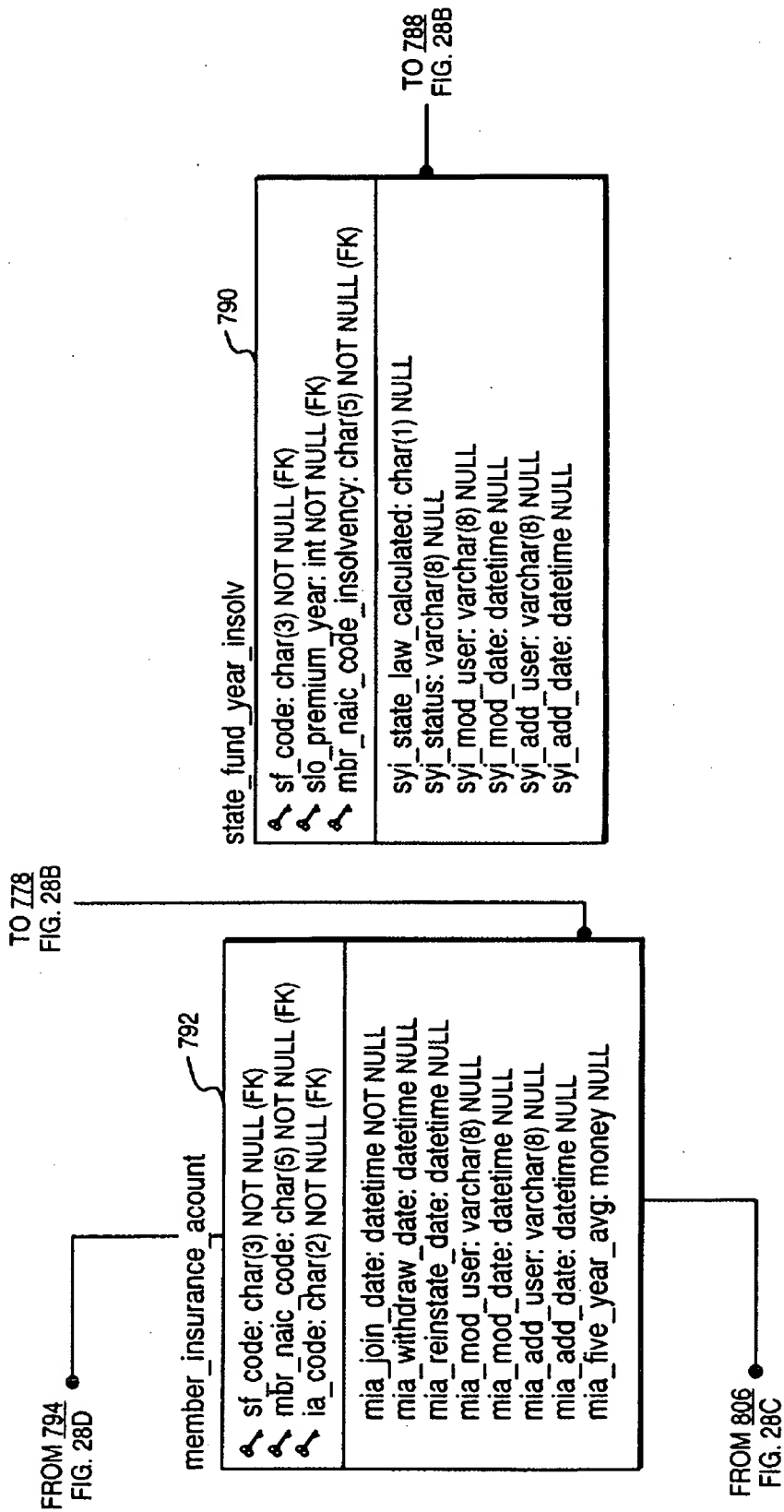


FIG. 28E